

Homelessness and Complex Needs in Glasgow

Glasgow Homelessness Network and
The Oak Foundation

Final detailed research report
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1 Research aims and methodology

- 1.1 Glasgow Homelessness Network, in partnership with the Oak Foundation has commissioned Anna Evans Housing Consultancy to undertake a review of Glasgow's homelessness system for people with complex needs. The research has been undertaken in association with Dr Emma Davidson, Mandy Littlewood and Susan Solomon.
- 1.2 The aims of the research were:
 - To undertake a review of the existing homelessness system in Glasgow, identifying its key components, strengths and weaknesses, and patterns of usage (including repeat homelessness).
 - To compare the existing system with a clearly defined optimum system, using evidence of success in other areas to make recommendations on responses, services and capacity.
 - A key component of this project was be identifying best practice in responding to homelessness crisis in other UK cities and how this could be successfully implemented in Glasgow in a post-referendum context.
 - The research findings will be fully considered by Glasgow's strategic and multi-agency Homelessness Planning and Implementation Group to inform service review and the future planning, commissioning and delivery of homelessness services for people with complex needs.
- 1.3 This report sets out the findings of the research and provides conclusions on Glasgow's current homelessness system, and what an optimum system might look like for people with complex needs. It provides recommendations on the action required to make the transition from the current system to an optimum system.
- 1.4 The research approach is primarily qualitative, with key informants including people affected by homelessness in Glasgow; key housing and homelessness stakeholders and decision makers in Glasgow; a range of stakeholders across different social care sectors in Glasgow; and a range of homelessness stakeholders in purposefully selected UK cities. The research also includes a review of existing research and data on the nature and profile of homelessness in Glasgow.

2 The wider research and policy context

Key findings

- The focus of this research is on extreme forms of homelessness, typically those with complex needs.
- A large body of evidence has been building up on the multiple exclusion homelessness – led by the Joseph Rowntree Foundation Multiple Exclusion Homelessness research programme reported in 2011. Other relevant work includes Mental Welfare Commission for Scotland, ‘Not My Problem’ (2007), a Good Practice Guide on Psychologically Informed Services for Homeless People (2012), and the recently published MEAM (Making Every Adult Matter) longitudinal study (2014) exploring the effectiveness of better coordinated services for people with complex needs.
- Glasgow possibly has one of the most complex housing systems in the UK – the greatest number of homelessness applications in Scotland (although falling), the Council has transferred all of its stock, and social housing is owned and managed by 68 different RSLs. Glasgow is facing difficult strategic and practical service delivery issues to balance the pro-prevention stance of Housing Options; the homelessness statutory duties and legal entitlement; and the increasingly problematic housing demand supply balance which in recent years has become more acute in Glasgow. Over recent years, the outcome for increasing numbers of homeless people in Glasgow has been to be turned away for temporary accommodation, in spite of the Council’s statutory duty to house.
- The Scottish Housing Regulator is aware of the challenges facing Glasgow’s homelessness system, and has agreed a voluntary Improvement Plan with the Council. The Council has also embarked upon a Strategic Service Review of the Homelessness Service.
- Scottish Government policy on homelessness over the last seven years has been based around completing the statutory framework including the 2012 target, and encouraging the adoption of Housing Options approaches. While across Scotland Housing Options has resulted in a drop in homelessness applications, its implementation has been criticised in a thematic report by the Scottish Housing Regulator who would like to see more evidence on outcomes, and more specific guidance from the Scottish Government.
- It has been argued in comparative analysis of homelessness policies and legislation in the four UK jurisdictions that the ideal homelessness system would combine the vigour of the English preventative approach with the strong statutory safety net available in Scotland. Looking at recent guidance and homelessness initiatives in England including the Department of Communities and Local Government’s 2013 *Making Every Contact Count*, and the more recent *Golden Standard Challenge*, it could be argued that there is still some way to go in Scotland to match this vigorous preventative approach.

Wider research context

2.1 The focus of this research is on people experiencing extreme forms of homelessness – typically those with complex needs and chaotic life experiences, often experiencing repeat homelessness. Key points from the Joseph Rowntree Foundation Multiple Exclusion Homelessness (MEH) Research Programme (2011)¹ shows:

- For some people, homelessness is not just a housing issue but something that is inextricably linked with a range of health and social issues – mental health problems, drug and alcohol dependencies, street culture activities and institutional experiences (prison, hospital and the care system). Evidence from the research show that some people with complex and multiple needs, do not fit neatly into existing service compartments.
- ‘Visible’ forms of homelessness – including the use of services like hostels or applying to the council as homeless – commonly happen after contact with non-housing agencies, for example mental health services, drug agencies, the criminal justice system and social services. They also occur after periods of ‘invisible’ homelessness such as sofa-surfing.
- Traumatic childhood experiences such as abuse, neglect and homelessness are part of most street homeless people’s life histories. In adulthood, the incidence of self-harm and suicide attempts is notable.
- Most complex needs were experienced by homeless men aged between 20 and 49, and especially by those in their 30s.
- Where homelessness and housing support agencies take on primary responsibility for supporting people with multiple and complex needs, workers can often feel isolated and out of their depth. It has been suggested elsewhere that housing support workers are now filling the gap left by the retreat of social workers from direct work with adults.
- People with complex needs are at serious risk of falling through the cracks in service provision. There needs to be an integrated response across health, housing and social care.

2.2 Another relevant report is from the Mental Welfare Commission for Scotland, ‘Not My Problem’, which looked at the care of Mr G in October 2007². This report highlighted how people with complex and multiple needs may be seen as too much of a risk for community-based services. Prison, police cells, hospital or longer-term care are often seen as

¹ McDonagh, T. (2011) Tackling homelessness and exclusion: Understanding complex Lives: Joseph Rowntree Foundation. Includes contributions from all four projects that made up the Multiple Exclusion Homelessness Research Programme commissioned between 2009 and 2011.

² See http://www.mwscot.org.uk/media/51991/Mr_G_Full.pdf

alternatives. However, people with high support needs may fail to meet the eligibility criteria for community or institutional care, or housing. Lack of effective integration and deployment of resources can lead to poorer outcomes for individuals, their families and the communities in which they live. Without an appropriate response from public services, people with high support needs can struggle and are at risk of falling through the gaps between services.

- 2.3 Since the publication of the JRF MEH work, awareness of the needs of homeless people with complex needs has been increasing. In 2012, the Department of Communities and Local Government (DCLG) and a range of partners published a good practice guide on Psychologically Informed Services for Homeless People³.
- 2.4 This work discusses that many of the people that are homeless and sleep rough display so called “challenging behaviours” - these may include difficulty managing emotions; self harm or uncontrolled drug and/or alcohol problems; appear impulsive; appear withdrawn or socially isolated and reluctant to engage with help that is offered; exhibit anti-social or aggressive behaviour; lack any structure or have any regular routine; have not been in work, education or training for significant periods of time; have come to the attention of the criminal justice system due to offending.
- 2.5 In response, psychologically informed environments (PIE) are intended to help staff and services understand where these behaviours are coming from, and to work more creatively and constructively with people in these situations. The reports refer to evidence which shows that people affected by trauma, even lifelong experiences of compound or complex trauma, can and do recover. Psychologically informed environments are intended to use the latest insights and evidence from the psychological disciplines to give rough sleepers and homeless people the best chance of sustainably escaping the cycle of poor wellbeing and chronic homelessness. The report states that one key outcome of a psychologically informed environment is to reduce rates of eviction and abandonment, and so reduce the number of vulnerable people sleeping rough.
- 2.6 The good practice guide sets out a five step approach to developing PIEs including developing a psychological framework; the physical environment and social spaces; staff training and support; managing relationships; and evaluation of outcomes. Each of these steps is supported by a range of good practice examples.
- 2.7 Also of note is the work of MEAM - Making Every Adult Matter – a coalition of four charities – Clinks, DrugScope, Homeless Link and Mind –

³ Psychologically Informed Services for Homeless People: Good Practice Guide (2012) Southampton: Communities and Local Government (<http://eprints.soton.ac.uk/340022/>)

formed to influence policy and services for adults facing multiple needs and exclusions⁴. In February 2014, MEAM published findings from a longitudinal study over two years exploring the effectiveness of better coordinated services for people facing a combination of problems such as homelessness, substance misuse, mental health problems and offending. The report highlights the considerable savings that a more coordinated approach can deliver, including one pilot that reduced service use costs by 26% over the study period.⁵

Glasgow's strategic housing context

- 2.8 This research should be seen in the context of the overall Glasgow housing system. It is the largest Scottish city with a population of 596,550 in 2013⁶ set within the much larger Glasgow and Clyde Valley housing market area. Glasgow, arguably, has one of the most complex housing systems in the UK – a total of approximately 108,000 social housing units (approximately 38% of all housing stock) provided through 68 different RSLs⁷. Supply is still dominated by the Glasgow Housing Association (43,191 units), but much less than previously since the transfer of over 19,000 units to community based housing associations.
- 2.9 In line with its size, Glasgow has historically had by far the highest number of homeless applications of all Scottish local authorities. The number of applications dropped considerably in 2013/14 by 22% to 6,348 (compared to Scotland 10%),⁸ explained mainly through the move to the Housing Options approach. However, at the same time the GHN annual monitoring reports⁹ suggest there continue to be challenges with the provision of statutory services. During the four separate quarterly reporting periods April 2013 to March 2014:
- Between 42.6% (136) and 68% (136) of people who stated that they approached statutory homelessness services were told that no accommodation was available for them (of those recorded in the Online Data Management (ODM) system).
 - Around 10% of these individuals were told on more than one separate occasion that no accommodation was available (between two and 29 times).

⁴ See <http://meam.org.uk/multiple-needs-and-exclusions/>

⁵ Battrick, T (2014), Crook, L. Edwards, K. Modelle, B; Evaluation of the MEAM pilots – Update on our findings. FTI Cobsutling and Compass Lexecon. MEAM

⁶ See <http://www.gro-scotland.gov.uk/files2/stats/council-area-data-sheets/glasgow-city-factsheet.pdf>

⁷ Scottish Housing Regulator, Table A1c stock by Council area 2012-13; September 2013.

⁸ Scottish Government Homelessness Annual Reference Tables 2013-14, Table 20. This number of applications excludes repeat homeless presentations.

⁹ GHN ODM Quarterly Reports 1, 2, 3, 4; April 2013 to March 2014. These report on activity across a range of services provided for homeless people across the voluntary sector.

- The most frequently recorded outcome for those unable to access temporary accommodation between April 2013 and March 2014 was that they went on to sleep rough.
- Approximately half of people engaging with the GHN participating services are not presenting to the statutory homeless services.

2.10 Like many areas in Scotland, Glasgow is facing difficult strategic and practical service delivery issues to balance the pro-prevention stance of Housing Options; the statutory duties and legal entitlement which underpins the progressive Scottish homelessness legislation; and the increasingly problematic housing demand and supply balance which in recent years has become more acute in Glasgow than has historically been the case¹⁰.

2.11 The Scottish Housing Regulator has noted these challenges, to the extent that it has intervened and agreed an Improvement Plan with Glasgow City Council. The Improvement Plan outlines a range of work to be completed between 2014 and 2016 including a focus on:

- Increasing access to temporary and settled accommodation;
- Increasing the provision of Council emergency and temporary provision;
- Developing capacity in the private rented sector;
- Increasing the focus on prevention activity;
- Undertaking a strategic review of purchased and provided homelessness services;
- Conducting a review of the strategic agreement with Wheatley Group including agreement on homelessness, and access to housing;
- Completing a revised Housing Needs and Demand Assessment;
- Commissioning and disseminating research findings on capacity planning (via Glasgow West of Scotland Forum).

2.12 The Strategic Service Review is now underway and has the following work-streams:

- Needs Assessment
- Accommodation Access

¹⁰ Anna Evans Housing Consultancy, with Mandy Littlewood Social Research and IBP (2012); Research into the potential market for mid market rent in Glasgow; Glasgow City Council

Mandy Littlewood Social Research and Consulting, with Anna Evans Housing Consultancy, Emma Davidson and Heriot Watt University (2011); Housing Options Research; The Glasgow Housing Association.

- Multiple Exclusion/Complex Needs (separate work to this GHN research)
- Care Pathways/Service Models
- Communications
- Financial Frameworks

2.13 Phase 1 of the review was completed in September (research phase). The Reform Stage, Phase 2 of the review process, will focus on delivering the Review Action Plan with a timescale of April 2016.

Policy and legislative context

2.14 A key feature of local and national context for this study is the legislative framework. With the eradication of priority need in 2012, all those assessed as unintentionally homeless by local authorities are entitled to settled accommodation as a legal right. In the build up to the 2012 target, this was inevitably causing increasing pressure on availability of settled and temporary housing supply, and applications continued to rise to 2009/10¹¹. As noted in the Glasgow Housing Options research in 2011, the coincidence of this rising trend with falling social housing turnover meant that, by 2009/10, the number of homeless applicants entitled to re-housing exceeded the total number of local authority lettings to new tenants in more than half of all Scottish authorities. This brought the importance of more effective homelessness prevention strategies into sharp focus, and saw the Scottish Government's encouragement of the Housing Options approach through published guidance in 2009. Since 2009/10 homeless applications, and those assessed as homeless have dropped by 36% and 34% respectively¹², waiting list numbers have reduced by 2% between 2013 and 2014¹³ and the numbers of households living in temporary accommodation has reduced by 9% from its peak in 2011. It could therefore be argued that the Housing Options approach is proving successful in preventing homelessness in Scotland. However, trends vary considerably by local authority, and many areas are still seeing increasing numbers of households living in temporary accommodation, and increasing length of stay.¹⁴ Furthermore, in its thematic inquiry on Housing Options in 2014 the Scottish Housing Regulator recommended that more work was needed on recording and measuring Housing Options outcomes, and ensuring that homelessness assessments were still undertaken where relevant, while Housing Options efforts were underway. It also recommended that in the absence of any recent guidance from the Scottish Government (apart from the initial 2009 guidance), that enhanced guidance be issued on the delivery of Housing

¹¹ Scottish Government, Homelessness Annual Reference Tables, August 2014

¹² Homelessness Annual Reference Tables, 2013-2014, Scottish Government

¹³ Housing in Scotland 2014: Key Trends, Scottish Government

¹⁴ Homelessness Annual Reference Tables 2013-14, Scottish Government

Options¹⁵. It is understood that new consultative draft guidance was issued by the Scottish Government to local authorities in October 2014.

2.15 In a comparative analysis of homelessness policies and legislation in the four UK jurisdictions post-devolution, Steve Wilcox and colleagues¹⁶ argued that the ideal homelessness system would combine the vigour of the English preventative approach with the strong statutory safety net available in Scotland. Looking at recent guidance and homelessness initiatives in England, it might be argued that there is still some way to go in Scotland to match the vigorous English preventative approach. However, this also should be considered against the gatekeeping that occurs in the English system¹⁷.

2.16 In 2012, The Department of Communities and Local Government (DCLG) published *Making Every Contact Count – A Joint approach to preventing homelessness*. This outlined ten local challenges and detailed guidance for the housing sector:

- Adopt a corporate commitment to prevent homelessness which has 'buy in' across all local authority services
- Actively work in partnership with voluntary sector and other local partners to address support, education, employment and training needs
- Offer a Housing Options prevention service, including written advice, to all clients
- Adopt a *No Second Night Out* model or an effective local alternative
- Have housing pathways agreed or in development with each key partner and client group that includes appropriate accommodation and support
- Develop a suitable private rented sector offer for all client groups, including advice and support to both clients and landlords
- Actively engage in preventing mortgage repossessions including through the Mortgage Rescue Scheme
- Have a homelessness strategy which sets out a proactive approach to preventing homelessness and is reviewed annually so that it is responsive to emerging needs
- Not place any young person aged 16 or 17 in Bed and Breakfast accommodation

¹⁵ See <http://www.scottishhousingregulator.gov.uk/sites/default/files/publications/Housing%20Options%20Report%20-%20Web%20Version.pdf>

¹⁶ Wilcox, S. & Fitzpatrick, S. with Stephens, M., Pleace, N., Wallace, A. and Rhodes, D. (2010) *The Impact of Devolution: Housing and Homelessness*. York: Joseph Rowntree Foundation.

¹⁷ Fitzpatrick, S., Pawson, H., Bramley, G., Wilcox, S. and Watts, B. (2015 forthcoming) *The homelessness monitor: England 2014*. London: Crisis.

- Not place any families in Bed and Breakfast accommodation unless in an emergency and then for no longer than 6 weeks

2.17 This has more recently been followed up by the *Gold Standard Challenge*¹⁸ - a framework for providing continuous improvement in front line homelessness services. The £1.7m support and training scheme is funded by the DCLG and based on the Government report 'Making Every Contact Count'. The challenge is a local authority, sector led peer review scheme designed to help local authorities deliver more efficient and cost effective homelessness prevention services. The challenge follows a 10 step continuous improvement approach that starts with a pledge for local authorities aspiring to '*strive for continuous improvement in front line housing services*' and culminates in an application for the Gold Standard Challenge. The website which supports the Gold Standard Challenge provides a set of tools and documents to accompany the peer review process to assist authorities in meeting each of the 10 challenges.

¹⁸ <http://home.practitionersupport.org/> and <https://www.gov.uk/government/news/1-7-million-gold-standard-sets-new-homelessness-benchmark>

3 The scale of homelessness and complex needs in Glasgow

Key findings summary

- An estimated 1,500-1,800 people approached housing services with complex needs in 2013-14, based on HL1 data and GHN data. This is the equivalent of about one quarter of all homeless applications received in Glasgow. These include people with drug or alcohol dependency, mental health issues and criminality/ASB issues, although there is no common definition of vulnerable homeless people with 'complex needs'. The majority were male, single and aged 25-59 years old.
- HL1 data reports between 445-539 rough-sleepers during 2013-14 while GHN estimates suggest a number of over 800. Even allowing for double-counting this suggests a much higher level of rough sleeping than officially recorded.
- There are also gaps in the recording of the non-provision of temporary accommodation. GHN data suggests that almost two-thirds of their service users who had approached GCC for accommodation were told no accommodation was available.
- The current stock of bed-spaces for temporary accommodation stands at 1,992 properties to March 2014. Annual turnover in the accommodation averaged 2.6 tenancies per year but varies considerably from 12 in the Hamish Allan flats to 1.4 in the temporary furnished flats.
- The average length of stay in temporary accommodation is 141 days. The average stay in temporary furnished flats is 269 days while the B&B average is 47 days. The length of stay is generally increasing.
- The low availability of temporary accommodation may be associated with the fact that only around half of people using GHN services had approached GCC statutory homeless services within the reporting year.
- Void rates in temporary furnished flats have improved recently, down from 20% in 2009-10 to 17% in 2013-14. GCC has a current target of 18% voids in temporary furnished flats.
- The quality of temporary accommodation is generally very good, as rated by the Care Quality Commission and by service users. Refusal rates are also generally low, at 7% overall.
- Glasgow City Council also commissions a large amount of supported and resettlement accommodation. Access to this accommodation is through the Care Management system and assessment through a range of different routes.
- The number of RSL lets to homeless people in Glasgow has reduced by 27% over the last four years, and access to settled accommodation for unintentionally homeless people is lower in Glasgow than the Scottish average.

Introduction

- 3.1 In order to provide contextual information for the review of homelessness responses, a number of data sources have been examined. These include:
- Annual homelessness monitoring data (HL1 and HL2) tables from Glasgow City Council (GCC)
 - Additional analysis of HL1 data requested from Scottish Government analysts examining the experiences of rough-sleepers in Glasgow
 - GCC data on temporary accommodation
 - Glasgow Homelessness Network (GHN) service monitoring data
 - GHN data on the Winter Night Shelter.
- 3.2 These data combine to provide a picture of the scale and nature of complex needs homelessness in Glasgow and tell us something about the people at most risk. Secondary data also provide an insight into the extent to which current provision meets the needs of people in crisis.
- 3.3 There are gaps in the data at present, with non-provision or the inability to offer temporary crisis accommodation not being systematically recorded at present. Although GHN collects information about whether people approaching GHN partner organisations have approached the Council, the Council itself does not systematically record all approaches for accommodation.

The scale of complex needs homelessness in Glasgow

- 3.4 HL1 data capture the scale of complex needs homelessness, where a homeless application has been made. Table 1 shows the reasons for Glasgow homelessness applicants not being able to maintain their accommodation.

Table 1: Reasons for failing to maintain accommodation (number)

Reasons for failing to maintain accommodation	2013/2014
Financial difficulties/ debt/ unemployment	560
Welfare Reform – Under occupancy penalty/RSRS	20
Welfare Reform – Benefit Cap	7
Welfare Reform – Other	30
Physical health reasons	173
Mental health reasons	495
Unmet need for support from housing/ social work/ health services	75
Lack of support from friends/ family	864
Difficulties managing on own	340
Drug/ alcohol dependency	1,083
Criminal/ antisocial behaviour	889
Not to do with applicant household	2,389
Refused	0
All applications (multiple response allowed)	6,652

Source: Glasgow City Council Annual Homelessness Report 2013-2014

- 3.5 In over 1,000 cases – 1 in 6 cases – this was due to drug or alcohol dependency. In almost 900 cases this was due to criminal or anti-social behaviour and in almost 500 cases the applicant gave mental health reasons as contributing to the loss of their accommodation. Applicants were able to give more than one answer, but only in 273 cases has that been recorded. This suggests that the HL1 data do not fully capture the complexity of reasons for losing accommodation.
- 3.6 It is fair to assume that a fair proportion of those presenting with drug or alcohol issues, mental health issues or involved in criminality/ASB have complex needs in some respect. Of course, there are some of these people who do not wish to receive support, which the qualitative research shows.
- 3.7 It seems a conservative estimate to consider around 18% (just under 1 in every 5 applicants) are experiencing complex needs homelessness. That is based on about half of those applicants with drug/alcohol issues or mental health issues or crime/ASB issues having complex needs (1,230 people).
- 3.8 Only in 75 cases did the homeless applicant say that they had an unmet need for housing support, social work or health services despite the high level of dependency and mental health issues cited. We cannot determine from the data how many of the households which made a homelessness application were already in touch with support services.
- 3.9 GHN monitoring data for 2013-14 found that around 1,000 people approaching GHN services had done so without having presented to GCC¹⁹. GHN are unable to explain this very high rate of non-presentation at present.
- 3.10 Of these 1,000 people, we assume that 55% have support needs (based on 55% of new contacts with GHN having support needs). That is around 550 people, or 300 people if we include only those with two or more support needs.
- 3.11 This suggests that there are a further 300-550 potential complex homeless cases in addition to the almost 1 in 5 homeless applicants captured in the HL1 data presenting in crisis (c.1,230). That is a total estimate of 1,500-1,800 people approaching services with complex needs during 2013-2014.

Profile of rough sleepers applying as homeless

- 3.12 Analysts within the Housing Access and Scottish Welfare Fund Statistics within the Scottish Government Communities Analytical Services Division

¹⁹ The annual estimate is the number of people approaching GHN where the number of presentations recorded in the reporting year was zero (n = 1006)

provided additional analysis of the HL1 data on rough sleepers to the research team.

That analysis suggests that, if defining rough sleepers as cases where a household member had slept rough **within the previous three months** - during 2013/14, Glasgow City Council had 539 homelessness applications where a household member had slept rough in the last three months. This was 8% of all applications in Glasgow. 53 rough sleepers had homeless assessments that were identified as repeat cases (15% of all those rough sleepers who were assessed).

3.13 Of the 539 applications in Glasgow where a household member had slept rough in the last three months:

- 96% were single
- Most (85%) were aged 25 to 59
- 85% were men
- Most (48%) became homeless from homes shared with parents / family home / relatives, or from friends / partners
- Most (34%) left because they were asked to leave
- Specific reasons for failing to maintain accommodation were drug / alcohol (179 rough sleepers), criminal behaviour (107), mental health (63), financial difficulties (40), physical health reasons (25)
- The rehousing outcome for most (61% i.e. 154 out of 253) was settled accommodation through a housing association tenancy (101) or provision of supported accommodation (53).

3.14 If defining rough sleepers as cases where a household member had slept rough **the night before** making an application, during 2013/14, Glasgow City Council had 445 applications where a household member had slept rough the night before. This was 7% of all applications in Glasgow. 42 rough sleepers had homeless assessments that were identified as repeat cases (14% of all those rough sleepers who were assessed).

3.15 Of the 445 applications in Glasgow where a household member had slept rough the night before:

- 96% were single
- 83% were aged 25 to 59
- 85% were men
- Most (51%) became homeless from homes shared with parents / family home / relatives, or from friends / partners
- Most (35%) left because they were asked to leave
- Specific reasons for failing to maintain accommodation were drug / alcohol (136 rough sleepers), criminal behaviour (87), mental health (50), financial difficulties (29), physical health reasons (14)

- The rehousing option for most (61% i.e. 121 out of 200) was settled accommodation through a housing association tenancy (80) or provision of supported accommodation (41).

3.16 The most recent quarter of data for the GHN monitoring data found that service users are pre-dominantly aged between 26-39 years, mainly male and mainly single.

	16-17	18-21	22-25	26-39	40-49	50-59	60-64	65-74	75-84	Date error	Sub-total
<i>Continuing</i>	0	4	21	119	73	48	10	2	5	3	285
<i>New</i>	4	19	35	157	71	44	4	8	0	22	364
<i>Returning</i>	0	4	4	70	47	20	3	1	0	7	156
Total	4	27	60	346	191	112	17	11	5	32	805

	Female	Male	Other	Sub-total
<i>Continuing</i>	80	205	0	285
<i>New</i>	101	263	0	364
<i>Returning</i>	33	122	1	156
Total	214	590	1	805

	Couple No children	Couple With Children	Single No children	Single With children	Sub-total
<i>Continuing</i>	12	3	142	13	170
<i>New</i>	18	2	159	15	194
<i>Returning</i>	6	2	63	3	74
Total	36	7	364	31	438

GHN data on unmet needs

3.17 GHN data provides information about circumstances where homeless people have not accessed statutory accommodation or where there has not been a positive outcome of accessing statutory services.

3.18 GHN monitoring data for 2013-2014 show that 765 (43%) of the 1,771 people using third sector services across Glasgow reported that they had

approached GCC for homelessness assistance. Of these 765 people, the following outcomes were reported²⁰:

- 504 individuals (65.9%) obtained an outcome of 'no accommodation available' (with 65 people not able to access accommodation multiple times throughout the year);
- 332 individuals (43.4%) were offered and accepted temporary accommodation;
- 175 individuals (22.9%) were advised that Glasgow City Council had no statutory duty to provide accommodation;
- 66 individuals (8.6%) were offered and rejected an offer of temporary accommodation.

3.19 GHN data shows that an absolute minimum of 560 people had slept rough on at least 1,422 occasions throughout the year, almost two-thirds of whom were 'new' to services. Of these, 334 people slept rough **directly after** being advised that there was no accommodation available.

3.20 In producing the GHN Annual Report, GHN undertook a cross-referencing of data with the Glasgow Winter Night Shelter (GWNS) door register to determine the level of 'overlap' between people using the night shelter and those using the third sector services participating in the ODM monitoring. The results showed that of the 358 service users who accessed the GWNS service:

- 177 (49.4%) had never had any contact with a participating service;
- 138 (38.5%) have had recorded contact with a participating service;
- 58 (16.2%) had their first contact with a participating service during the operational period of the GWNS.

3.21 A further 300+ people were identified as sleeping rough from other data sources. There will be a degree of overlap and it is not yet possible to accurately quantify the number of unique individuals. However, this combined data suggests that far more than the 560 shown in GHN monitoring data and the 539 appearing in the HL1 data actually slept rough in Glasgow throughout the year.

Emergency and temporary accommodation provision

3.22 The overall profile of emergency and temporary accommodation **tenancies**, across GCC-provided and commissioned services, is shown in below, compared with the total provision. This table is based on all temporary tenancies terminated during the period between 1st April 2013 and 31st March 2014.

²⁰ The numbers add up to more than 100% of 765 as people had more than one outcome during the year.

3.23 The tenancy data shown below reflects information supplied to the SHR in the 2013/14 ARC submission, using data from the GCC rents and casework (iWorld) systems. Stock numbers are based on information on the numbers available as at 31st March 2014, provided by GCC Temporary Accommodation teams. GCC has developed a property based rents system to cover provision of temporary tenancies, and has made in house system improvements to enable ARC reporting. However, the difficulties encountered when reconciling different reporting systems, and seeking to report across various data sets to provide further analysis of needs and outcomes for households using temporary and emergency accommodation has demonstrated some of the challenges the Council faces in overall management of temporary and emergency accommodation.

3.24 **Table 2: Temporary and Emergency Accommodation tenancies and stock 2013/14**

Accommodation type	Tenancies (note 1)	Stock (note 2)	Turnover (note 3)
Bed & Breakfast	918	115	8.0
Hamish Allan Flats	228	19	12.0
GCC Provided Service	696	120	5.8
Emergency Projects (Commissioned Services)	1398	269	5.2
Temp Furnished Flat	1979	1469	1.4
Total	5219	1992	2.6

Notes

Bed & Breakfast – stock does not include additional spot purchased places

GCC Provided Service – total places for Clyde Place, Chara, James McLean and Elder St projects

Voluntary Sector Projects – 10 projects funded by GCC as part of SWS Commissioned Services

Note 1: tenancy numbers are based on the GCC ARC submission to SHR for 2013/14

Note 2: stock (place) numbers are as at 31st March 2014

Note 3: turnover rates are based on average for all tenancies and stock (places)

Note 4: TFF sources – RSLs (1,391), Other (City Property, PRS) (78)

3.25 The turnover rates shown are averages for all tenancies and stock. Turnover is higher for bed and breakfast, and emergency projects.

Table 2a: Stock turnover

Bed & Breakfast	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014
Average duration of stay on last day of quarter (days)	52	33	51	76
Maximum length of stay on last day of quarter (days)	210	172	188	278

Source: GCC SWS Homelessness Services Allocations Team (HAC)

Emergency Accommodation	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014
Average duration of stay on last day of quarter (days)	82	69	68	80
Maximum length of stay on last day of quarter (days)	700	441	418	513

Source: GCC SWS Homelessness Services Allocations Team (HAC)

3.26 Average duration of stay fluctuates depending on individual case durations. As at 7th November 2014, there were two tenancies of over one year in Emergency Accommodation.

3.27 Turnover in temporary furnished flats is lower more recently – as at 7th November 2014 there were 245 temporary furnished flats with tenancies over one year.

3.28 Overall, 72% of tenancies were for single people while 18% were for lone parents, 5% were couples with children and 4% couples without children. Almost 60% of temporary accommodation tenancies were to men and 40% to women, with the average male tenant aged 37 years and the average female aged 34 years. Although men are more prevalent than women in temporary accommodation, this is not in proportion to their prevalence among homeless people with complex needs.

3.29 SWS is currently developing additional capacity for emergency provision:

- 25-40 places (temporary provision in refurbished unit/ phased) – estimated availability date: Dec 14
- 17 places (refurbishment of existing unit) - estimated availability date August 2015
- 60 self-contained units (2 x new build developments) – estimated availability date: March 2016.

GCC direct provision

3.30 Glasgow City Council has provided information about the type of accommodation and services provided through their own services and commissioned services. GCC has 120 bed-spaces across four supported

accommodation locations – Clyde Place, Elder Street, the James Mclean Project and The Chara Centre.

Table 3: Services provided directly by Glasgow City Council

Service	Number of bed spaces	Client group	Staff structure	Average length of stay (days)
Clyde Place, City Centre	54	Males 18 years+	1 manager 15 project workers 6 Team Leaders 6 Housing Support Workers	63
Elder Street, Govan	23	Females 18 years+	1 Manager 15 Project Workers 2 Team leaders	55
James McLean Project, Springburn	16	Male/female aged 16-21 years	1 manager 15 project workers 2 team leaders	101
The Chara Centre, Possilpark	27	Females 18 years+	1 manager 12 project workers 5 team leaders	54

Source: Glasgow City Council

Commissioned services capacity

- 3.31 In addition to the 269 places of emergency accommodation included in Table 3 above, SWS commission a range of accommodation based and floating support services from external providers. Access to these services is through assessment, with a range of different routes depending on the type of service.
- 3.32 Housing support outreach and non accommodation support services can be provided on a preventative basis, as a support through homelessness, and for a period of time through settlement into new accommodation, and can offer general support or support more specifically tailored meet the needs of particular groups.
- 3.33 Supported accommodation (including supported accommodation registered as a care home) provides a total of 564 places, ranging from shorter term resettlement projects to longer-term rehabilitation and support accommodation. The range of needs covered by these projects includes general homelessness, addictions, mental health, young people and complex needs.
- 3.34 There are also supported living projects provided through commissioned services that offer support for people with a range of needs. Some projects offer accommodation on a short term tenancy basis as part of support provision, others secure accommodation on either a short term or a settled basis to enable support to be provided, and some support is

provided using a temporary furnished flat as the accommodation option. It is difficult to put an exact number on the additional accommodation places linked to supported living due to the use of temporary furnished flats. GCC estimates this at 139 places.

3.35 Accommodation based support services provided through commissioned services are not viewed by GCC as emergency accommodation, and are not included in the ARC return to SHR. These places are not included in the tenancy or turnover information included in Table 2 above. These services are considered to be similar to other SWS supported provision, as the accommodation is provided as part of a package of care and move on will be planned when it is agreed that the service user is ready to do so. It is the case that any vacancies in supported accommodation projects are used on a night to night basis to provide necessary emergency accommodation when there is not another place available, in order to ensure that full use is made of all available capacity. However, this will only be vacancies created in between assessed placements. This usage is not included in Table 2 above.

3.36 Contracts for commissioned services can be agreed on the basis of places or total number of hours provided. The profile of commissioned services is shown in Table 4.

Table 4: Places / hours by type of accommodation (commissioned services)

Service type	2011/12 Service Capacity (Hours)	2011/12 Service Capacity (Places)	2012/13 Service Capacity (Hours)	2012/13 Service Capacity (Places)	2013/14 Service Capacity (Hours)	2013/14 Service Capacity (Places)
Housing support outreach	14450	166	14450	156	14450	145
Non accommodation support service	500	280	1270	180	1270	280
Emergency accommodation	0	278	0	289	0	269
Supported accommodation	0	476	0	476	0	476
Supported accommodation (Registered as Care Home)	0	88	0	88	0	88
Supported living	0	486	0	354	0	342
Totals	14950	1774	15720	1543	15720	1600

Source: Glasgow City Council

3.37 Commissioned services categorised under 'non accommodation support' include the Glasgow Key fund scheme operated by Y People Glasgow, which assists service users to access temporary and settled tenancies in

private sector rented property, and started on 1st February 2013. This rent deposit service currently has 66 tenancies and will guarantee a further 39 bonds when accommodation can be made available. In addition, 270 households have been accommodated since the service started in temporary private sector tenancies, with 127 households accommodated as at November 2014 (these temporary tenancies are not part of the temporary / emergency accommodation provision noted in Table 2).

3.38 Table 5 includes information on service provision under the category 'Complex Needs'. Services include three supported accommodation projects (19 places) and the RSVP service that is detailed on the basis of hours provided (770 hours). RSVP service has replaced a previous service that was counted on the basis of places, hence the reduction in provision of 130 places. Whilst these services are specifically allocated to complex needs for the purposes of commissioning returns, it should be noted that other services provided offer support for people with complex needs, although they may be categorised under another heading.

Table 5: Places/hours by target client group/location (commissioned services)

Homelessness Client Group (by primary support need)	2011/12 Service Capacity (Hours)	2011/12 Service Capacity (Places)	2012/13 Service Capacity (Hours)	2012/13 Service Capacity (Places)	2013/14 Service Capacity (Hours)	2013/14 Service Capacity (Places)
Addictions	0	257	0	257	0	246
Complex Needs	0	149	770	19	770	19
Homelessness	14950	917	14950	826	14950	906
Learning Disability	0	26	0	25	0	15
Mental Health	0	173	0	173	0	171
Young People	0	252	0	243	0	243
Totals	14950	1774	15720	1543	15720	1600

Source: Glasgow City Council

3.39 Table 5 shows a 10% decrease in overall places, from 1,774 to 1,600. However, service hours provided have increased by 5%, from 14950 to 15,720. The main service category affected is 'complex needs' where a previous service which offered 130 places was replaced by the new RSVP service, offering 770 service hours. Other supported accommodation places for 'complex needs' (19 places) were not affected by this change. Whilst these services are allocated to 'complex needs', many other services included in the above tables offer support for people with complex needs, and access to additional provision is facilitated through links with other care teams across Social Work Services.

Length of stay

3.40 In response to an enquiry from Shelter, submitted to all Local Authorities in July 2014, GCC provided a further breakdown of the SHR ARC information for 2013-14, which confirmed that 60% of households with children and 46% of households without children who applied as homeless had occupied temporary accommodation organised by the Council.

3.41 Average length of stay in different types of temporary accommodation is shown below, for cases that were closed in the reporting year 2013-2014. The overall average is 141 days, ranging from 24 days in the Hamish Allan Centre Flats (ordinary local authority dwelling) to 269 days for temporary furnished flat (all types of ownership are included although category indicates RSL dwelling). The average stay in B&B is a month and a half, while the stays in GCC provided and Commissioned Emergency Projects (noted under SHR categories Local Authority / RSL hostel) are for two months or longer.

Table 6: Average length of stay, by service type

For cases that were closed in the reporting year, average length of time in temporary or emergency accommodation:	Total (Days)
Ordinary local authority dwelling	24.42
RSL dwelling	269.44
Local authority owed hostel	68.73
RSL owned hostel	75.89
Other hostel	0
Bed and Breakfast	46.99
Women's refuge	0
Private sector lease	0
Other	78.47
All types	141.13

Source: GCC data (SHR Return, May 2014)

Note: The categories for accommodation type are as follows:

1. LA ordinary dwelling: Hamish Allan Centre Flats
2. HA RSL dwelling: ALL Temporary Furnished Flats (incl. Asylum & Refugee)
3. Hostel - LA owned: GCC-owned emergency accommodation
4. Hostel – RSL: Voluntary Org Accommodation (e.g. Wallace of Campsie, Stravaig Project, etc.)
6. Bed & Breakfast: Private Bed & Breakfast Establishments
9. Other placed by Authority: Aspire Flats (e.g. Copeland Road, Queen Margaret Drive, Paisley Road West, etc.)

3.42 GHN data on service user experiences of emergency and temporary accommodation found that, of the service users who reported having made an approach to Glasgow City Council for homelessness assistance and who had been offered and accepted emergency or temporary accommodation:

- For 307 people, this was recorded as having occurred on only one occasion;
- For 21 people on between 2 and 5 occasions;
- For 4 people on 5 occasions or more, and
- The greatest number of this outcome recorded for one person was 24.

3.43 Refusal rates for temporary accommodation stand at around 7% overall, ranging from less than 1% for local authority hostels to almost 15% for RSL temporary furnished flats.

Table 7: % of offers refused by type of provision

Indicator 27: Percentage of offers of temporary or emergency accommodation refused by accommodation type:	Average for part year	Comments
Ordinary local authority dwelling	5.51%	GCC began recording information on refusals from 1 st October 2013 to 31 st March 2014. Percentages provided relate to average for 6 months to end of 2013/14.
RSL dwelling	14.96%	
Local authority owed hostel	0.25%	
RSL owned hostel	4.51%	
Other hostel	0	
Bed and Breakfast	4.09%	
Women's refuge	0	
Private sector lease	0	
Other	0.72%	
All types	7.04%	

Source: Glasgow City Council, submission to SHR (May 2014)

3.44 The table below shows the void rates and annual void rates for temporary furnished flats, which are improving though still high. There is a balance to be struck between maintaining void property quality and encouraging satisfaction with the quality of temporary accommodation while trying to limit voids. The overall average void time is skewed to a certain extent by some very long-term voids, where metering issues, landlord repairs or major renovations works have an impact.

3.45 The average length of stay in TFF has increased from 30 weeks to 42 over the last four years. Looking at all types of accommodation, the average stay in 2013/14 was 35 weeks.

Table 8: Temporary furnished flats – length of stay and void rates

	2009/10	2010/11	2011/12	2012/13	2013/14
Avg No of Flats	1,669	1,735	1,679	1,570	1,564
Avg Length of Stay (weeks)	30	31	33.5	38.5	41.8
Avg Void Rate (weeks)	4.1	4.6	5.2	5.3	4.4
Annual Void Rate (%)	20%	21%	19%	18%	17%
Avg Rent	£274.14	£282.45	£183.77	£177.27	£173.68

GCC flats

Access to settled accommodation

3.46 It is clear from various data that Glasgow has been struggling with accommodating homeless households in settled accommodation. Looking at Glasgow City Council's monitoring data on Section 5 lets to homeless households, it can be seen that the supply of settled accommodation has fallen year on year for the past four years, and by 27% in total from 3,032 per annum in 2010/11 to 2,202 in 2013/14. Just under half of the RSL lets has been provided by Glasgow Housing Association over the last two years, with the balance coming from all other RSLs in Glasgow.

Table 9: Annual section 5 reconciliation

	Annual Total	Annual Total	Annual Total	Annual Total
	2010/11	2011/12	2012/13	2013/14
Total Tenancies Agreed via GCC homelessness Referrals (Section 5s)	3,032	2,713	2,436	2,202
Of which:				
GHA provision: number			1,173	1,066
% of total lets			48.2%	48.4%
Other RSL provision: number			1,263	1,136
% of total lets			51.8%	51.6%

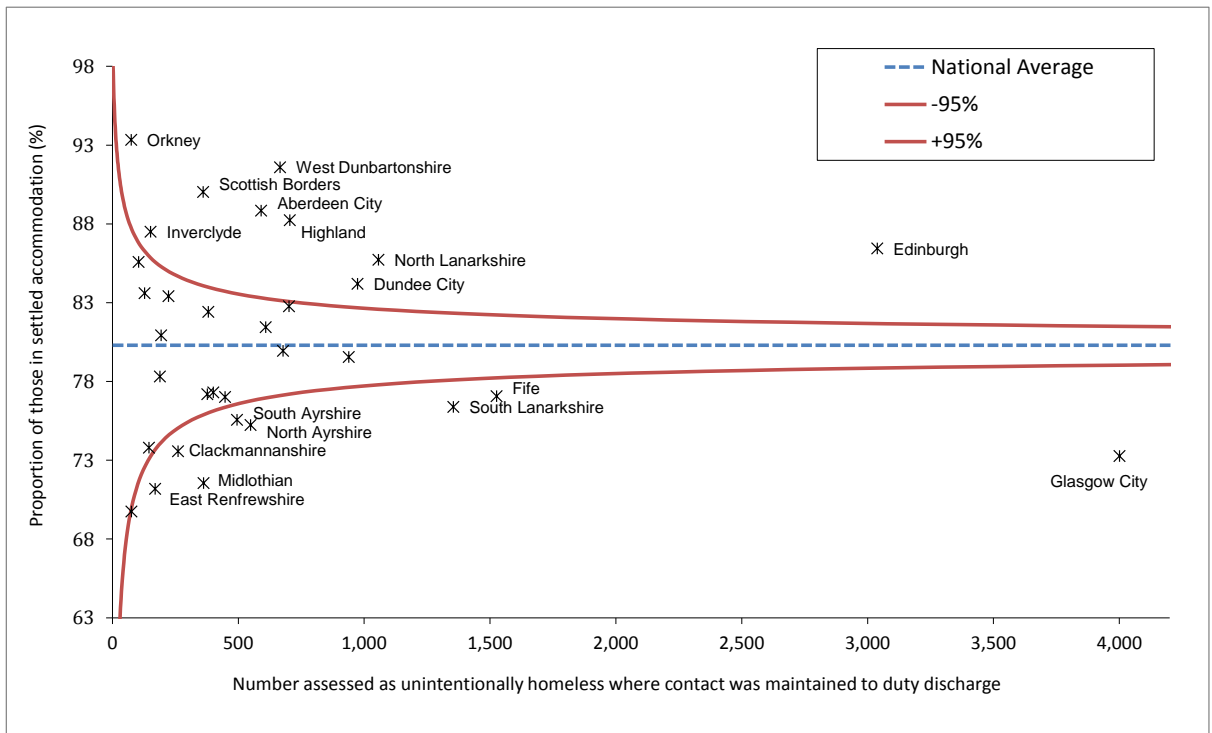
Source: Glasgow City Council

Note: Figures for 2013/14 are still to be confirmed.

3.47 The Scottish Government's publication Operation of the Homeless Persons Legislation In Scotland (Quarterly Update: 1 April To 30 June 2014) includes a funnel graph which shows the proportion of unintentionally homeless people provided with settled accommodation (where contact was maintained to discharge of duty). The Scottish Government was asked to replicate this graph for 2010/11 for this study for comparison purposes.

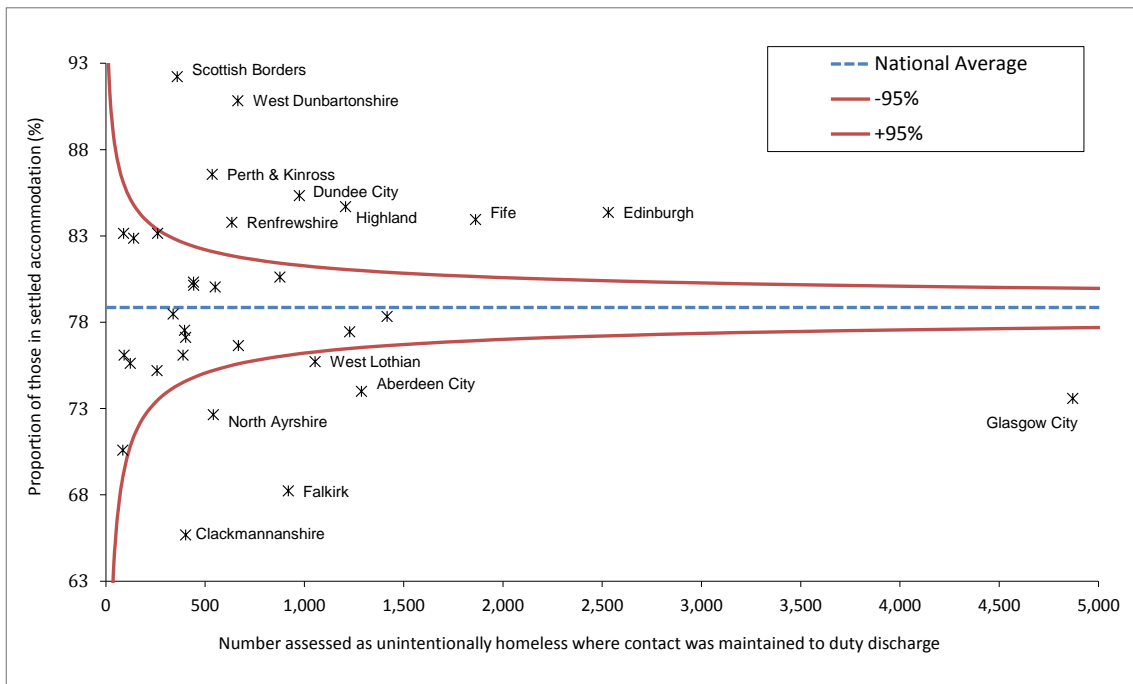
3.48 The graphs demonstrate the challenges faced in relation to accessing settled accommodation for homeless people in Glasgow. The graphs illustrate the scale of the problem compared to other LAs, and that Glasgow City has consistently performed below the national average in relation to the percentage of unintentionally homeless households gaining access to settled accommodation. There appears to have been no improvement over the last four years. It can also be seen that none of the other stock transfer local authorities are under performing against the Scottish average, and in 2014 two are significantly above the Scottish average – Scottish Borders and Inverclyde.

Chart 1: Cases in settled accommodation by local authority: 1 July 2013 to 30 June 2014 (as in the publication: Operation of the Homeless Persons Legislation In Scotland (Quarterly Update: 1 April To 30 June 2014))



Source: Scottish Government

Chart 2: Cases in settled accommodation by local authority: 1 July 2010 to 30 June 2011

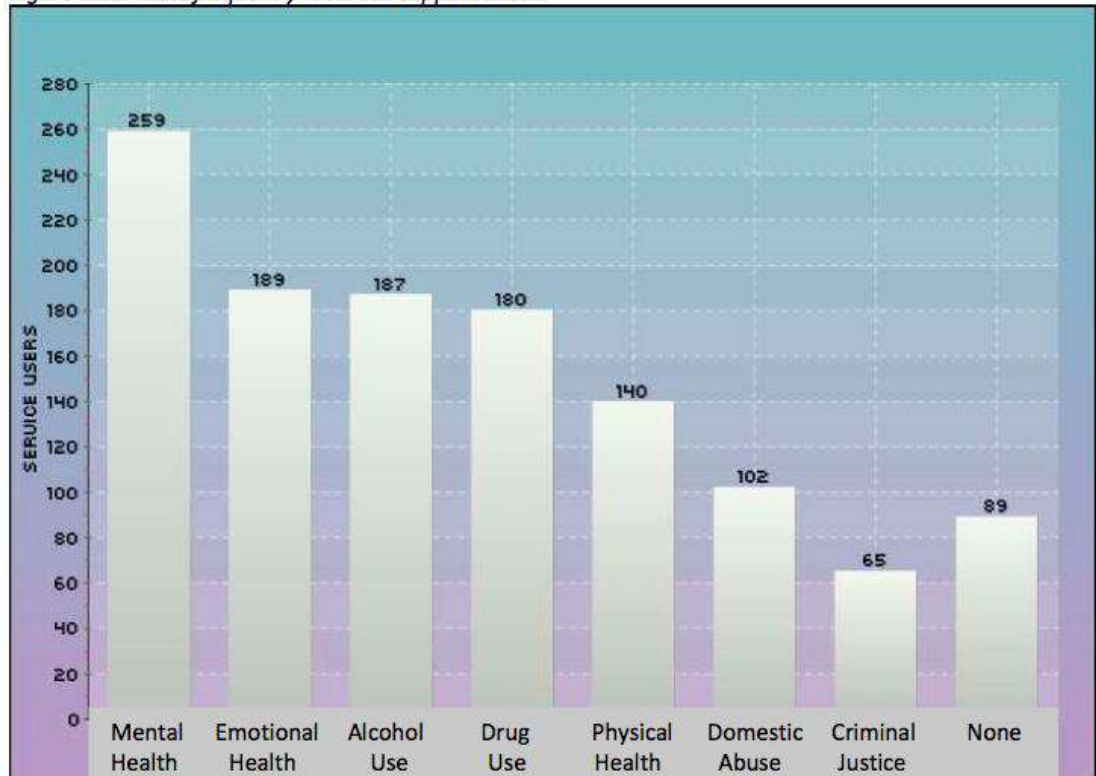


Source: Scottish Government

Support needs

3.49 The type of support needs identified by new service users coming into contact with GHN services is shown in the figure below. Only a small proportion of service users say they have no support needs, while mental health issues were most commonly reported.

Figure 1.15: Most frequently recorded support needs



3.50 Over 70% of tenants holding temporary accommodation tenancies within the year up until 31st March 2014 had some kind of support need, with 52% having a single issue, 11% having two support needs and 8% having multiple needs (three or more). 20% of tenants who had tenancies in temporary or crisis accommodation had drug or alcohol issues, 18% had been involved in crime/anti social behaviour, 12% had failed their tenancy due to lack of support, 8% had mental health issues and 7% had experienced financial difficulties.

Quality of service

3.51 Around 2 out of 3 of the commissioned services received a very good rating from the Care Quality Commissions on the quality of **care and support services** (48 of 72 services assessed) while 13 were good and 11 were excellent. On quality of **staffing**, 58 out of 71 received a very good grade (4 out of 5) while 12 were rated good and 1 service was adequate. The quality of **management and leadership** was rated as

very good in 47 out of 71 services (2 out of 3) while 21 out of 71 were good, one was excellent, and two were adequate.

3.52 Among service users surveyed about their temporary accommodation, 77% said that they were fairly satisfied or very satisfied (with 56% very satisfied).

Table 11: Satisfaction with temporary accommodation

Of total responses received, the percentage of who responded 'very satisfied' or fairly satisfied'	76.94%
Total number who responded	1,097
Number who responded:	
(a) Very satisfied	618
(b) Fairly Satisfied	226
(c) Neither satisfied nor dissatisfied	81
(d) Fairly dissatisfied	28
(e) Very dissatisfied	26
<i>Don't know/no opinion</i>	<i>118</i>

Source: Glasgow City Council, submission to SHR (May 2014)

4 Service user experiences

Key findings summary

- All but one of the respondents involved in the service user interviews were male, and aged between 27 and late 50s, concentrated in the mid 30s, with a range of experience in homelessness from a few weeks to repeat homelessness over 20 years.
- Reasons for homelessness were multi-faceted including addiction issues, relationship break down, eviction, mental health issues and prison.
- Access to accommodation is sought mainly through repeated visits to the Hamish Allan Centre (HAC), and less so to Community Case Work Teams (CCTs). Service users are regularly sent between the CCTs and HAC, to no avail. The CCTs seemed irrelevant as the city centre 'is their place'.
- Repeated experiences of being sent away from the HAC without accommodation impacts on service users' decision to re-present themselves, with the alternatives being staying with friends or rough sleeping.
- There is general negativity about the HAC premises, but in most cases respondents spoke highly of staff at the HAC.
- There is a sense of the 'deserving and undeserving' in who is provided what type of accommodation. Emergency and supported temporary accommodation is more sought after, and experiences are in the main positive in this type of accommodation. Support is a critical factor in enabling clients to achieve some stability. But there is generally a sense of boredom, stagnation and little drive to move on.
- For those that have to rely more on B&Bs and hotels, their period of stay is much shorter and the experience is much worse. The main concern is around cleanliness, and being 'thrown out', and repeated trips back to the HAC, or sleeping rough/ on friends' sofas.
- Support and advice experiences came through accommodation providers, drop in/day centres, RSVP (street team), and the Hunter Street health service. Support was considered to be very helpful and highly regarded.
- Despite positive experiences of support in the past, many service users have previously withdrawn from support and subsequently experienced repeat homelessness. Many of the respondents saw no need for support now, which might explain repeat presentation and cyclical experiences of homelessness.
- There is no desire for permanent accommodation for the most vulnerable service users interviewed. For them the basics of dealing with their addiction, finding food and a roof (even for one night) is the priority.
- For those that are interested in looking for settled accommodation, the assumption is a housing association flat. The GHA Homefinder bidding system is universally disliked by respondents. Regardless of the housing allocation system, there is a strong impression of no-one moving on fast. For most people, the fact that they have stable, good accommodation is all that matters – and the fact that it is temporary is largely seen as irrelevant.

Introduction

- 4.1 Research has been undertaken with homeless service users to understand their experience and journey through the homelessness system. This was achieved through 16 in-depth face-to-face interviews, conducted across five homelessness services in Glasgow between 1st and 12th September 2014. These included two emergency accommodation services (6 service users), two drop-in centres/day centres (6) and one crisis residential service for those with addictions (4).
- 4.2 The services were contacted in advance and provided information on the research and consent information. All interviews were conducted in a private room at the service provider's premises, recorded when consent was given and all respondents were given information regarding the content of the interview beforehand.
- 4.3 The interviews ranged in length from 10 minutes to 40 minutes depending on the needs and current substance abuse status of the respondent.

Profile of Respondents

- 4.4 Respondents ranged in age from 27 years to late 50s, with a concentration in the late 30s. 15 interviews were with male clients; only 1 female was interviewed.
- 4.5 Fifteen of the sixteen respondents had either an alcohol and /or a drug addiction. The majority also had ongoing mental health issues.
- 4.6 There was a broad mix of homeless experiences, from a few weeks to repeated homelessness over the last 20 years. Those with only a few experiences of homelessness had very little to say regarding support services and knowledge of the homelessness 'system'. There were usually rather multi-faceted reasons for repeat homelessness including addiction / relationship breakdown, being asked to leave premises / rent arrears leading to eviction, mental health issues and periods in custody. In some cases respondents had been living with friends 'sofa surfing' prior to presenting as homeless.
- 4.7 Most respondents had been lifelong Glasgow residents with only two having moved to the city from other areas of Scotland. Most had links (albeit some tenuous) to family in Glasgow.

Current Place of Residence

- 4.8 In some cases respondents' place of residence the previous evening correlated to where they were interviewed. It is not the purpose of this research to evaluate the service users' current accommodation and so findings are anonymised, and are referred to by category of service where the respondents were interviewed.
- 4.9 ***Emergency accommodation / crisis residential (3 locations)*** – respondents had been resident here between 2 weeks – 5 months.

- 4.10 Respondents residing at these services were on a more advanced stage of recovery - either on complete detox, on steady Methadone level or not currently drinking. There were on-site support workers. The length of time living at the service is not by choice – even when the service users feel they are ready to move on they still have to wait until suitable accommodation is available. But there was a general consensus about the high quality of the current accommodation and the support available from the staff. Support ranged from having someone to talk to, to help and advice with benefits, health issues and housing.
- 4.11 **Emergency 1 and 2**– all respondents had been sent there by the Hamish Allan Centre (HAC). No one knew how long they would be staying there, but there is an assumption that they could stay there until their support worker, and the ‘Housing Officer’ make other arrangements for them. No respondent appeared motivated to investigate any other options for themselves. When pressed they thought that they would be moved on to a temporary furnished flat (TFF) or another tenancy. Most had signed up to the online GHA ‘bidding system’ Homefinder but there were no positive thoughts about how long this would take, or the potential location of a future tenancy as they ‘had’ to pick 3 potential places every week whether they thought they were suitable or not. Overall there was a great deal of negativity around this ‘bidding’ system with most having little hope of being offered a suitable tenancy any time soon.
- “I heard a guy say he has been here for nearly a year” **Male, Emergency accommodation**
- 4.12 There is no concept of ‘being ready’ to move on, even though all those living in the emergency accommodation wish to have a tenancy of their own. All here were just happy to have steady, good accommodation and there was no opinion regarding whether this length of stay was good or bad. No one indicated that they wished to move on any time soon. This might indicate the need for more work to help residents to become more confident/able to take up a tenancy.
- 4.13 **Crisis residential** – a different system was in operation here as all four respondents had referred themselves by turning up at the door and asking for help. For three respondents this was a repeat visit. One respondent had heard about place from a nurse at Clyde Place. Respondents here were much more knowledgeable about their moving on choices (as part of their stepped programme of recovery). They are moved to another part of the building where they have more freedom, then moved to supported accommodation and then ‘hopefully’ a TFF and then a permanent tenancy. In addition respondents here were much more positive and upbeat about their future. It would appear that counselling is a factor in this.
- 4.14 **Drop in/ day centres** – respondents interviewed here had experienced a variety of emergency accommodation (B&B, hostels, staying with friends etc.). In these cases respondents tended to have been resident at their current accommodation only a few days to a few weeks. Here all those interviewed were visibly still in the throes of addiction.

- 4.15 Only a few had continuing support from a named person (usually a drug worker from the Homeless Addition Team at Hunter Street or by 'popping in' to see staff at drop-in / day centres who offered support). Similar to 'Emergency 1 and 2' above the respondents were unsure how long they would stay in their current accommodation, although here, when asked where they think they would be moved to they assumed to another 'hostel'. In reality, they talked about police arrest, heavy substance abuse or drugs or alcohol being found on premises being the usual way they leave their accommodation, followed by a period of rough sleeping before going back to the HAC to try for more emergency accommodation. Although this must be difficult, it is viewed as part of their life:

"See once you're in that system...you're stuck...you get used to the jail...got everything you want in there..tobacco..methadone..food and a bed..then back out...hostels and drink...and it goes on and on again...."

Male, Emergency accommodation

- 4.16 An 'easy' time is perceived as where only one visit to the HAC is required to obtain a bed for the night.

Views on Current Accommodation

- 4.17 The benefits and downsides of the current accommodation tended to revolve around cleanliness, privacy, and geographic location.

- 4.18 **Emergency accommodation 1 and 2** - Overall – It is clean, staff are good, there is fresh linen and towels, residents have their own washing machine & fridge, they share a flat with only 1-2 other people, and excursions are organised.

"staff brilliant here...will do anything they can to help you.."

[staff are] "always there for a conversation"

"it's relaxed but with boundaries"

- 4.19 But the downsides are not having TV, not being near family & friends in most cases, having to buy and cook their own meals, costs, (£16.50 per week service charge), it being noisy (with fights outside), sharing and boredom.

- 4.20 Overall emergency accommodation is perceived by service users to be high quality, clean accommodation with one-to-one support provided by helpful staff. All agreed that staff have been helpful in trying to get them into a TFF and / or help with the 'bidding' system. However, there was still negativity around how long this move might take.

- 4.21 **Crisis residential** - Similar to the emergency accommodation, all respondents clearly held this option in high regard in terms of cleanliness, food and support offered (specifically the detox facility). The high level of support and choice of options they had once they had completed the 28

day detox programme was mentioned by all respondents. All knew they would be moving on to supported accommodation in the first instance and accepted they were not ready for either a TFF or a permanent tenancy due to their addiction issues.

- 4.22 Among those in **other accommodation** – for those who had slept rough the previous evening there was obviously little benefit, other than “*being your own man*” as one respondent put it. The main downsides were the cold, and being moved on:

“*you just get yourself that drunk that you don’t notice the cold..*” **Male, Crisis residential**

- 4.23 For those **staying with friends**: the good points related to companionship while the disadvantages included the temporary nature of the accommodation, and sleeping on the sofa.

- 4.24 Living in **Hostels, Hotels and B&Bs**: A number of people referred to the experience of living in ‘hostels’ (in some cases previous hostel experiences, but not all). Issues relating to cleanliness were the main concern. Many people also referred to being “*thrown out*” in the morning meaning a trip back to the HAC, with experience of hostels, B&Bs and hotels across Glasgow mentioned by those who had experienced repeat homelessness.

- 4.25 Respondents did not see the location of emergency /temporary accommodation as a ‘deal breaker’. Only one person out of the sixteen mentioned that he wanted to be near his mother.

Access to Homelessness Services and Accommodation

- 4.26 All respondents had been placed in their current accommodation by the HAC, apart from those who had direct access to the crisis residential accommodation - in this case they were told how long it may take for a place to become available, and in the meantime had to go to the HAC – “*Can take you in five days*” or “*come back in 3 weeks time*”.

- 4.27 Reasons for needing this accommodation were varied, but for the majority it is repeat homelessness; they had come out of jail / been thrown out of their last accommodation / were sick of rough sleeping / broke up with their partner / were discharged from hospital. All knew about the HAC through their repeat homelessness, through other homeless people, or through prison/hospital.

- 4.28 One person had been in and out of psychiatric hospital but had lost family support due to the death of his mother. He gave the impression that there was no ‘handover’ when leaving hospital and he was sent straight to the HAC. He was subsequently found accommodation. Another respondent was released from prison and described how there was no accommodation arranged before release, and they were sent to the HAC.

4.29 Some respondents spoke of being asked to present themselves 3 to 4 times a day in the hope of getting accommodation. For most people it seemed that the HAC is the starting point; a minority had been to CCTs but then they had been sent to the HAC from there, or some had gone to the HAC and been sent to the CCTs – most usually referred to as the “2MAX Building” (the South CCT). Only two respondents mentioned other CCTs as their first point of call, but they were then sent to HAC anyway as nothing was available through the CCTs. For many, visiting the CCTs out in the communities seemed irrelevant as the city centre ‘is their place’, or community.

4.30 For respondents it appears that the ability to be placed by the HAC is dependent on the staff member, level of substance addiction and time of day:

“depends who you are”

“if you are stable on methodone, they send you to a better place”.

4.31 However, some people had been given accommodation on the same day of presentation at the HAC. It was suggested by some respondents that the HAC know the ‘regulars’ and have an understanding of the likelihood of them absconding from their accommodation which impacts on the accommodation offered. One respondent with mental health issues (but no addiction issue) presented himself at the HAC after being discharged from a psychiatric hospital and was given a place in emergency accommodation that day. But for other respondents the HAC did not help them:

“They wouldn’t entertain me....cos I’d made myself intentionally homeless”

Male, day centre

4.32 Those interviewed at the drop in/day centres spoke of severe difficulties and repeat visits to HAC to obtain a bed for the night. When no accommodation was available, the HAC hand out sleeping bags, gloves and hats (this is seen as a positive thing).

“it’s pot luck..” **Male, Crisis residential**

“You need to go every day until they get you something” **Male, emergency accommodation**

4.33 There was a clear subjective delineation made by respondents between those ‘more deserving’ depending on the level of addiction. Some respondents also mentioned asylum seekers and East Europeans being more likely to be given accommodation without re-presenting which caused anger:

“You need to be pregnant with triplets and have 5 kids and be from Poland before you get a house...” **Male, Crisis residential**

- 4.34 Apart from the 'deserving and undeserving' there was also a sense from some service users that you have to be persistent to gain access to accommodation, and if you are not, you won't get accommodation. There were common references made to the use of lawyers letters to access accommodation (which sometimes worked, and sometimes did not). One respondent who arrived in Glasgow after splitting with his partner in Greenock was told by the HAC that they could not help him until he had been a resident in Glasgow for 12 months. He was on the streets for four months, before going to the Bellgrove Hotel, and then continued visits to the HAC finally resulted in more 'sought after' emergency accommodation.
- 4.35 However, for many respondents, the service they received and lack of access to accommodation from both the HAC and CCTs impacted on their decision on whether to re-present themselves the next day / later in the day, or to try to find a sofa, or shop doorway to sleep in. Despite this, in most cases respondents spoke highly of staff at the HAC, although there was general negativity around visiting the premises due to the number of addicts 'hanging around':

"junkies playground....just a social club for the junkies.." **Male, Crisis residential**

- 4.36 A number of the respondents also spoke highly of the support they had received from the 'street workers', who had helped them access other services including making appointments at Hunter Street health service.

Previous Accommodation – emergency / supported temporary

- 4.37 All the respondents had stayed in a variety of other emergency accommodation units, hotels and B&Bs and the stay could range from one night to six months. This tended to be in addition to periods staying with friends / partners and, for a minority, having their own tenancy. Even for those with a relatively short homelessness history they were now in a repeat homelessness cycle, often due to 'dropping out' of homeless accommodation – absconding, or breaching accommodation rules.

"just been kicked about from hostel to hostel...round in circles.." **Male, Emergency accommodation**

"There's just not enough spaces...and now you have all the East Europeans and asylum seekers coming in..." **Male, a day centre**

- 4.38 Experiences include:

Bellgrove Hotel: This is perceived as the worst place to stay due to mice, rats, cockroaches, drug addicts and dealers, drinking on the premises, fights, abuse, poor toilet facilities, stained linen, and fumigation while residents are in their rooms. Staff are on site but they offer no support in getting other accommodation etc. (Note: The Bellgrove is a privately owned establishment and GCC do not refer service users to the hotel).

“It’s Barlinnie without the screws..” Male, a day centre

Chez Nous: Described as not clean and having no support;

Talbot Association – Kingston Halls: Perceived as comfortable with three meals a day, and offering support to get residents into more permanent accommodation, but with long waiting times;

Clyde Place: Perceived as one of the best options, with the high level of support viewed in positive terms and help to move on, although no one spoken to had managed to stay anywhere more permanent after their stay there. Again, there were stories of people staying there for a long time, but this is not perceived as a bad thing;

Fordneuk: Spoken of highly in terms of the care and support offered. Help to move-on to other accommodation, although in these cases this failed due service users’ choice to stop support, which resulted in homelessness again;

Chara Assessment Centre: Highly regarded due to the level of support, cleanliness etc. Supported the one female respondent to move to a TFF but on-going support staff identified difficulties and she was brought back;

Wallace of Campsie: One respondent spoke well of this accommodation, which had great support but he had been ‘thrown out’ for drinking.

4.39 Overall, respondents spoke about having better chances of success if there was support in place, and they had a specific ‘worker’.

Previous Accommodation – TFF / Settled accommodation

4.40 Around half of the respondents had experience of the TFF sector although no one interviewed had followed that route into settled accommodation. The majority had left the TFF due to ongoing addiction / mental health issues, or had been sent to prison.

4.41 The one female respondent had strong ongoing support when she moved into her TFF, but moved back to supported accommodation due to identification of addiction issues recurring. For other respondents who had been moved on to a TFF, there was either no support, or the support was withdrawn on request of the tenant shortly after successfully acquiring TFF.

4.42 Respondents all spoke positively about their TFF and in a sense saw this as permanent accommodation. There was a strong perception that it would be a lengthy period of time before they could have been offered a permanent tenancy of their own. What was clear from the discussions is that the lack of ongoing support (withdrawn at request of tenant) was one of the main reasons for the TFF not being held on to. All respondents had felt that the support was extremely useful, but had reached a time when

they felt they were 'fine' and had no need for ongoing support. Later on, service users experienced something that triggered the spiral of addiction again and then they left the tenancy, they were evicted, or went to prison. In retrospect all felt having ongoing support for a longer time would have helped them keep their tenancy. This might suggest a longer-term but more tailored approach to support e.g. perhaps some people may need lighter touch/open door support, so that triggers to addiction or other difficulties can be picked up early, with support then intensified as required.

- 4.43 There were some experiences of respondents having their own permanent tenancy – in one case for many years. Reasons for leaving tended to be due to addiction issues, being sent to jail or eviction due to non-payment of rent, and one respondent had moved to England. It was difficult in the discussions to identify what would have helped these respondents hold on to the tenancy due to the myriad of reasons for leaving. Their addiction and/or mental health issues were at the source of the tenancy failure, and so ongoing support to assist in this area may have been the best way forward.

Support & Advice Experiences

- 4.44 All respondents had received varying levels of support and advice both currently and in the past from a variety of sources. Respondents mentioned both the support and advice given at some emergency accommodation, and through walk-in homeless advice/day centres. It should also be noted that most respondents heard about the variety of advice / support places through word of mouth, from other homeless people on the streets. All gravitated to the HAC if they needed out of hours assistance.

“the only place I have been is the Hamish Allan, constantly”

- 4.45 For many there have been so many support workers that have come in and out of their lives that they couldn't recall all of them, and they referred to different job titles:

“case workers.....support workers...drug workers...social workers...key workers...not sure what they were all called....all some sort of worker..”

Male, Crisis Residential

- 4.46 Other than HAC, the most common provider amongst the myriad of support and advice sources mentioned was the Homeless Addiction Team (HAT) at Hunter Street. Although there was a minority of negative comments (including waiting times for appointments), in general respondents felt HAT had been extremely helpful and supportive, in addition to supplying them with their '*script*'. Respondents spoke about HAT being able to give them support in moving into emergency accommodation, TFF and permanent tenancies. It was noted that HAT could make referrals for other services, including Community Psychiatric Nurses (although service users experience waiting lists for this service).

“The only support I’m looking for is help to get off these drugs..” **Male, day centre**

4.47 Those respondents currently staying in the crisis residential unit had the most intensive support and advice on hand which was well received and praised highly. In particular, there was specialist help to move on from dependency, and help with a variety of the respondents’ needs. In most cases, respondents had heard about this provider via other homeless people.

4.48 Residents living in emergency accommodation had their own support workers who were seen as very helpful, and they also had access to a ‘housing officer’ (Community Caseworkers) but whose contact and visits were said to be infrequent.

4.49 A number of respondents spoke highly about the RSVP service (Simon Community). One respondent spoke about a worker coming to see them in jail, and on discharge helped the respondent with accessing emergency accommodation through the HAC. Respondents referred to the facility of using the RSVP address for benefits whilst living on the streets, and many spoke positively about the outreach service - giving out sleeping bags, hats and gloves and food via outreach workers who were perceived as extremely helpful.

“The bus comes round when you’re on the streets and gives you food. Street workers too. The boys on the streets tell you who the good doctors are..” **Male, emergency accommodation**

4.50 Some people did expect more hands-on support:

“they won’t help you on the phone...they’ll just tell you stuff or give you phone numbers to try. But I’m not good at talking on phone..” **Male, Crisis Residential**

4.51 A few respondents also talked about going to the CCTs (in particular the Twomax building) for advice and assistance. However, in most cases no support or advice was provided, other than helping with phoning the HAC about accommodation. Generally, CCTs were not seen as the first port of call.

4.52 In addition, respondents referred to support provided by other accommodation providers (listed above). A range of types and intensity of support was discussed – intense support to deal with addictions, counselling, a variety of social activities, and move-on support including help with bidding/housing applications, and benefits phone calls. All found this support to be extremely helpful at the time.

“they know what you’ve gone through...they’re a crutch...a shoulder..” **Male, emergency accommodation**

“Like talking to a pal. She was an ex-user so been through it all herself”
Male, day centre

“any help is good help..” **Male, crisis residential**

- 4.53 For one respondent his probation officer had been of most help and had helped him access other services (HAC etc).
- 4.54 For a minority of respondents there had been difficulty in getting onto GPs lists near to their emergency accommodation. They had been told the lists were full on several occasions (which was not believed by the respondents). Some people also spoke about not wanting to “*trail to Hunter Street (HAT)*”, and there were discussions about cashing in bus tokens and taxi fares.
- 4.55 No respondent had had any training / employment support or advice. One respondent had asked, but was told he was not ready for work. Given the nature of the experiences of the respondent group, it may well be that help with employability issues is not appropriate while still experiencing complex support needs.
- 4.56 Despite the positive experiences of support in the past, there was little concept amongst most (but not all) of the respondents of what support they *do* need *now*. Only when prompted did they mention that they *may* need help with addiction problems and / or help to get a permanent home. Many indicated that they have had many disappointments in the past, so they were discouraged, and rarely had the motivation or the confidence to pro-actively ask for help themselves. Only in a few interviews had respondents indicated that they had decided to help themselves – in three cases they had presented themselves at Link Up and in one case the respondent had presented herself at HAT at Hunter Street for help in becoming drug free. Unfortunately she has to wait three weeks for an appointment and consequently is still drug taking.
- 4.57 One respondent commented that the ideal would be ‘joint help’ in moving on – as his partner is also a drug addict:

“Someone to fight for both of us as a couple..” **Male, Crisis residential**

Future Housing Aspirations

- 4.58 Not all respondents were keen to move into permanent accommodation, although some did see it in their longer-term future.

“I’m no looking for a house just now...I’m happy at my mates...” **Male, Day centre**

- 4.59 All respondents had to be prompted to talk about what they wanted in a tenancy. For many it appeared that coping with their current situation, coupled with having to use the GHA ‘bidding system’ (for those were

sufficiently interested) only served to ingrain their negativity around the chance of gaining access to permanent accommodation:

“they say ..oh you’re 29th on the list. So everyone on the list before you gets the chance to look at it...you’ll never even get to view..” **Male, Crisis residential**

“all I know is that it’s a bidding system and you have to bid and take whatever you can get..” **Male, Day centre**

“I bid on Homefinder but there’s hundreds bidding on the same house..” **Male, Emergency accommodation**

4.60 Many of the respondents gave the impression that they could not currently live in either a TFF or permanent accommodation without ongoing support, despite most not expressing the need for support.

4.61 For those people interested in a permanent tenancy, when prompted to describe what they would like most people said they wanted a one bedroom flat. Some said ideally near family, or where they could gain access to their children. However, these respondents were realistic about what would be offered, and had opted for the whole city in the Homefinder bidding process. They suggested that they would be more than happy to take whatever was offered, and were not demanding specific locations. For a minority, the only location request was to be out of their local area (as otherwise they would fall into same addiction pattern). But all the respondents interested in getting a permanent tenancy felt that it would be impossible, with reasons cited as increased demand for one-bedroom flats due to the ‘bedroom tax’.

“any one-bedroom place would be great” **Male, Emergency accommodation**

“Somewhere quiet for my kids to stay over.” **Male, Crisis residential**

“a wee flat so I can re-establish my relationship with my daughter..” **Male, Emergency accommodation**

“My own wee flat.... A fresh start....somewhere my son can come and stay..” **Male, emergency accommodation**

4.62 For those people interested in a permanent tenancy, the over-riding assumption was that this would be secured through a housing association flat. Only one person stated that he wanted a ‘private let’ but had couldn’t pursue this option:

“I want a private let.... even had the money from the Housing [disturbance allowance from housing association demolition programme] but private lets demand guarantors and I’m on benefits”.

More general aspirations and needs

- 4.63 At the most vulnerable end of those interviewed, for those with a long history of repeat homelessness and rough sleeping, they know the 'system'. Currently this means the HAC for short-term accommodation (but this is scarce), and Hunter Street for 'scripts' and other health needs. They hear about any 'new places' through the word of mouth on the street. The levels of support they need and want depends on the nature and stage of their addiction and / or mental health problems. For many of these service users their addiction, and basic needs of food and shelter (a roof and warmth) are their main drivers. When they do feel they need more help, they will ask their HAT worker (if they have one), or use RSVP or a day centre. Basic, immediate issues are dealt with – support to many means food, money and a roof for that night, or as long as they can get it. Based on the interviews with these homeless people, long term and permanent settled accommodation is not part of their current thinking.
- 4.64 The less experienced homeless people interviewed are not knowledgeable about all the help and advice there is available to them. From those interviewed it was found that there was very little proactivity on the service users' part – they take what's given, which perhaps reflects the crisis situation they are living through. The only prospect of getting out of repeat homelessness is if the service user manages to get into accommodation with on-site assessment and relatively intense support to stabilise.
- 4.65 Regardless of the housing application and allocation system, there was a strong impression of no one moving on fast. All talk about bottlenecks in availability of housing, but there appears to be little incentives or drive to seriously explore other options. For most people, the fact that they have stable, good accommodation is all that matters – and the fact that it is temporary is irrelevant. It was clear from the interviews that for those respondents who want settled accommodation, ongoing support is required if they are going to be able to sustain a tenancy, and the cycle of repeat homelessness is to be broken. But this need for ongoing support and engagement is not recognised by many of the service users, even though they may have had positive experiences of support in the past.

5 Stakeholder opinion on homelessness and complex needs in Glasgow

Key findings

- Assertive outreach is provided by RSVP (street services provided by Simon Community as part of GCC Commissioned Services), a range of third/charitable sector day centres, Govan Law Centre and specialist health services.
- The statutory homelessness services – mainly through the Hamish Allan Centre (HAC) and Community Casework Teams (CCTs) are seen as reactive. They have no assertive outreach element to their service. There is universal concern about the standard and model of service provided at the HAC and CCTs for multiple excluded homeless service users.
- There is no concept of service users being ‘held onto’ in the current statutory system (with the exception of RSVP), and there is common demand for some form of a ‘named key person’ to stick with clients.
- Poor information sharing, and shortcomings in IT systems are seen as huge barriers to efficient working and tracking clients – internally within SWS / Homelessness Service, between statutory services, and with the third sector. It is recognised that there is greater scope to harness the knowledge and resources in the third sector better, to improve outcomes and efficiency.
- There is a complex needs working group that can work well for service users, but its terms of reference are not widely understood and there is thought to be scope to widen and develop this approach.
- Some weaknesses are identified in crisis out of hours response: the need for more street work; more crisis and residential addiction services; better hospital discharge protocols; and better response times for mental health crises.
- The problem of lack of access to emergency/temporary accommodation and being turned away is well understood. There are increasing lengths of stay, with Glasgow’s crisis in temporary accommodation explained by the inadequate supply of settled accommodation, or at the very least, the right type and size of accommodation. There is the view that some different housing and support solutions are required for homeless people with complex needs; something between temporary and settled housing for those that are not looking/ are not ready for a long-term options.
- Partnership working between GCC and the RSL sector in relation to homelessness is not working. There is an impasse on how to increase the supply of settled lets for homeless service users across the City, despite efforts of the Homelessness Duty Protocol and the Planning Framework. Many want to see a move to the ‘Housing First’ approach. There is little reference to the use of private rented accommodation to tackle homelessness issues in Glasgow, although some research has been commissioned recently.
- Support provision is considered to be too generic and should be tailored more to meet specific needs.

Key findings (continued)

- There is 'silo' funding, with a lack of integration in commissioning and funding strategies. Homelessness, addictions and mental health social care commissioning teams generally work separately, although they will work together on an exceptional, ad-hoc basis when the complex needs of particular service users require services to "manufacture an integrated service option".
- There is a common view that there is a need for much stronger overarching governance for people with complex needs who do not fit into any one 'client group' or 'prevalent need'.

Introduction

- 5.1 In order to further understand the current homelessness system in Glasgow, a series of stakeholder interviews have been conducted with 25 people who work in the homelessness field across statutory and third sector organisations in Glasgow. In-depth interviews were undertaken mainly face to face, or by telephone, and consultees were provided with a discussion guide in advance of the interviews. Many stakeholders referred to a range of published, and unpublished internal reports that have also been considered as part of this research.
- 5.2 The most common themes from the interviews are reported, and where relevant these have been combined with all the other research findings.
- 5.3 In undertaking this research it has become clear that there is no 'system' specifically designed for multiple excluded service users; rather there are some elements of the overall homelessness system that are focused on people with complex needs/those sleeping rough. The analysis provides an overview of the system (or elements thereof). It is not intended to provide a detailed process map, which is outwith the scope of the research.
- 5.4 The discussion below refers to 'statutory services' - distinctions are made between Glasgow City Council Social Work Services (GCC SWS, and separately GCC Homelessness Services), and Greater Glasgow and Clyde NHS (GGCNHS).
- 5.5 The 'third sector' is used as a broad term to cover independent organisations through which homelessness services may or may not be commissioned by GCC, and whose services contribute to the overall homelessness system.

Engagement, access and assessment

5.6 The main methods of assertive outreach²¹ and proactive engagement with multiple-excluded service users are through:

- RSVP – Rough Sleepers and Vulnerable People Service run by the Glasgow Simon Community – finding and engaging service users through a street presence between 8am and 11pm. RSVP also provide The Hub service, and telephone crisis response. RSVP aim to provide on-going engagement with rough sleepers to stay with them, and help them engage more over time with other services.
- A range of third sector services and drop in centres including The Hub, Marie Trust, Lodging House Mission, City Mission and Salvation Army. These all provide a range of services including food, clothes, washing facilities, advice, information and support/intervention to engage with statutory services;
- The Govan Law Centre works in partnership with the Marie Trust, GGCNHS Leverndale Hospital, North East and South GCC casework teams to provide outreach advice and legal services;
- GGCNHS Hunter Street Homeless Services provides a comprehensive range of health services at Hunter Street, and assertive outreach to rough sleepers, and those in emergency and temporary accommodation;
- GGCHS Trauma and Homelessness service provides assertive outreach to homeless or potentially homeless service users with moderate to severe mental health difficulties. Appointments take place at a time and place that suit the service users, and it uses the Hamish Allan Centre as a drop in centre. Engagement through the CCTs is less common.

“If people don’t turn up for appointment then we’re busier than if people do turn up – it’s an important part of our job.”

5.7 Engagement and trust from service users is considered best in the day centres, with the specialist health and homelessness services, and on the streets with RSVP; many consultees think there needs to be more street work, while a minority suggest it is the follow-on access to accommodation which matters most. There is concern from many people that the mainstreaming of specialist health and homelessness services would lose opportunities for engagement with multiple excluded service users.

²¹ In this research, assertive outreach is used to describe a range of housing and health services which are proactive in engaging with rough sleepers and vulnerable homeless people. Rather than expecting homeless people to visit statutory service offices, the approach will typically mean finding homeless people on the streets, or going to them / meeting them in emergency / temporary accommodation / day centres to meet help meet their immediate needs and to link them in with other relevant services.

- 5.8 The statutory homelessness services are provided from the Community Casework Teams (CCTs), open 08:45am to 16:45 and cover three areas North East, North West and South. These have been recently reduced from five CCTs. CCTs provide a Housing Options approach, and include additional staff from Employability Services, and Money and Debt Advice. The HAC Casework Team provides a casework service to people in emergency accommodation (but not B&B), with allocated workers for each establishment who will visit services users during working hours, Monday to Friday. There is also a casework team based in Barlinnie Prison. Out of hours service is run from the Hamish Allan Centre (HAC) 4pm to 9am and 24 hours at weekends and public holidays, and includes a free-phone telephone enquiry line.
- 5.9 The overall view is that the statutory services for multiple excluded homeless people is reactive, and involves no assertive outreach. This relate to GCC's Homelessness Services – specifically HAC and the three CCTs. There are two different schools of thought;
- “Multiple excluded homeless people do not do well in the system; we need to reach out to them and be assertive, not waiting for them to engage with us. It's not person centered”.
- “There is a large population of people that won't engage with us, it's difficult to know how to get them in to see us.”
- 5.10 Stakeholders discussed how it was easier for service users to engage and to navigate though the system if they already have a relationship with a support provider – examples included the Marie Trust, Aspire, RSVP, SAMH.
- “You need to know what's there and how to navigate the system – if you don't, much less chance for you to get through it. If you're fresh to the system its difficult to do it yourself.”
- 5.11 This was confirmed by the service user interviews where there was an over-riding feeling of luck and chance if you managed to get some good outcomes. Outcomes were felt to be better with the help of support, with a number of examples of being guided through the system, with help to access health and accommodation being much more likely with support.
- 5.12 There is a unanimous view from those stakeholders consulted that overall, the HAC is providing a poor service and that the model needs to change. Concerns are expressed about the way in which service users are treated, the waiting time and facilities. This is confirmed by service users, although some spoke highly of the service provided by individual staff members (see section above). Stakeholders feel it should be redesigned around the ethos of a day centre service where homeless people feel comfortable, with access to a range of integrated services - essential services (food, washing), health (addictions, mental health, trauma) and advice services.

- 5.13 Much of the concern about the HAC is repeated for the CCTs – poor service, long waiting times, being ‘punted’ around the City from one CCT to another and then to the HAC. The model of sending people to the CCTs was often questioned; many service users have no association with the wider communities, or are actively trying to get away from them. This adds to many service users frustration, deterioration of behaviour and lack of engagement with services. For many service users their ‘community’ is in the city centre and there is a call for greater focus and improvement of services here. There is a common view that caseworkers need to ‘*get out from behind their desks*’ with more emphasis on outreach work, and drop-in to third sector services in the city centre. There is an onus on homeless people to turn up and wait for interviews/appointments, and then be told they can’t be seen. An alternative would be using the third sector more in engagement through a partnership approach (see more below).
- 5.14 There is no concept of service users being ‘case-worked’ or ‘being held onto’. Several stakeholders talked about service users having multiple caseworkers (one person referred to up to eight caseworkers), and no contact from the caseworker for months, not even with an update.
- “No-one person is taking responsibility and holding onto someone. People go under, easily and quickly.”
- “There needs to be more ‘stickability’, sticking with clients.”
- 5.15 This common complaint led to discussions of there being a ‘named key person’ – some suggested a peer/ex-service user, who would have responsibility of keeping in touch with a number of service users, possibly supporting the service user. This was linked to the possible redefinition of the role of the support worker. There are mixed opinions over the use of Care Managers for homeless clients – some people think that they should have a Care Managers, but many do not, suggesting this would add another layer of bureaucracy and just slow down responses unnecessarily.
- 5.16 Glasgow’s ‘Housing Options’ approach is not considered relevant for multiple excluded service users. Some stakeholders are frustrated with the amount of resource that the Housing Options processes is taking up, leaving less time for ME service users. There is less likely to be engagement with the Housing Options process among those with complex needs - the priority for service users are the immediate basics (food, shelter, their addiction issues). It is felt service users would stabilise and engage better if there was some form of interim accommodation for them.
- 5.17 Strengths commonly noted are the noticeable improvement in attitudes from some staff, particularly the CCT team leaders, and better relationships with the third sector. But there is a common concern with lack of continuity and consistency in homelessness decisions, especially for this client group. Stakeholders commonly spoke about the need for legal advice, advocacy, and ‘legal letters’ (e.g. from Shelter, GLC, Legal Services Agency) in order to obtain the rightful decisions and access to accommodation. There is a perception of lack of psychologically aware

staff in the CCTs and HAC, with more work needed to understand mental health issues in the assessment process.

5.18 The lack of information sharing is considered a huge barrier – both internally within SWS and Homelessness Services, between statutory services, and between statutory services and the third sector. People talked about service users being involved with many different organisations, but there being no efficient way of knowing who is involved, with who and how. This was closely associated with perceived gaps between statutory and third sector services, and the desire to harness resources of the third sector better and develop reciprocal arrangements between the statutory and third sectors. More work should be done where service users are most comfortable, which may mean more delegation to the third sector. There were caveats to this view: *“we need to be careful; not all services can be all things to all men”*.

5.19 A complex needs group is periodically convened by GCC Homelessness Service which considers the needs and possible options for the most complex cases. These can involve the whole range of statutory and third sector organisations and these meetings can be very useful, and work well for service users. Others felt the group was not widely known about, and that there is scope to widen and develop this approach and to increase its impact.

5.20 The means by which mental health social care services are allocated (including care homes, floating support in dispersed accommodation) is through the mainstream SWS Care Management system. These services are intended for people with severe and enduring mental ill-health and complex personality disorders. Discussions with GCC SWS showed there is very little contact between CCTs and mental health commissioning teams, and if there is any contact this is more likely to come later when someone is identified as having particularly complex needs and a more integrated response is required. This then leads to ad-hoc informal linkages between homelessness, addictions and mental health service commissioning teams, to work together to find a workable solution. This is not to say that there is no support for people with mental health needs through the emergency and temporary accommodation routes, but sometimes a more integrated solution is needed.

5.21 In summary, there is a common view that there is inadequate corporate leadership and overarching governance for people with complex needs.

“they are repeatedly falling between stools, or even worse just being ignored; they’re at the bottom of the pile but costing the system loads of money”.

Crisis response

5.22 Crisis response and out of hours services are provided through

- Hamish Allan Centre 4pm to 8am, 24 hours weekends and public holidays
- Hamish Allan Centre Freephone advice and assistance
- RSVP – 24 hour Freephone telephone response
- NHS 24
- Glasgow Drug Crisis Centre – 24 hour needle exchange and advice line
- Link Up – 24 hour assessment and advice, and crisis residential unit.
- Social Work standby services

5.23 There are mixed views about the adequacy of the crisis response systems. The majority view is that the out of hours services are inadequate, with:

- The need for more street work;
- The need for more crisis and residential addiction services;
- Possible gaps in hospital discharge processes for those with mental ill-health (see below);
- Poor response times in relation to mental health crises;
- Poor quality of service is poor at the Hamish Allan (see above).

5.24 For addiction services, the need to recognise the difference between addiction crisis response, residential rehab, and community-based services was highlighted – with different responses needed for different stages. Most consultees with a view on addiction services feel there are insufficient beds for crisis and rehabilitation.

5.25 For those being discharged from psychiatric hospital a number of people referred to possible gaps or weaknesses, which may lead to homelessness. The problems were considered less likely for those that have severe and enduring diagnosis (who would normally be allocated accommodation and/or support services by a Social Worker before discharge), but for those with less severe illness, but who are nevertheless still vulnerable. One example was provided by a service user who was discharged from Leverdale psychiatric hospital with no accommodation and was advised to go to the HAC where accommodation was allocated. However, there was a sense of risk that this person could have slipped through the net before reaching the HAC.

Emergency and temporary housing

5.26 As at March 2014 there was a total of 1,992 emergency and temporary bed spaces in Glasgow yielding just 5,219 temporary tenancies within the previous year (see detailed analysis in section 3 above). Consultees responsible for managing temporary accommodation confirmed there is currently an absolute shortage of accommodation. People are being placed in inappropriate accommodation to make use of every bed-space - “square pegs in round holes”. People are often turned away for

accommodation. The majority of TFFs are provided by GHA and other RSLs. Demolition programmes have contributed to the reduction in stock of TFFs in recent years, with a further loss of 148 properties over the period 31st March 2013 to 31st March 2014, and the shortfall has not been replaced.

- 5.27 All other consultees spoke about the lack of access to emergency /temporary accommodation, considered to be particularly acute for those with complex needs. This client group is thought to have lowest priority for accommodation. Questions were raised about the priority system for allocation for emergency and temporary accommodation – it is considered by many stakeholders to lack transparency.
- 5.28 The lack of access to emergency / temporary accommodation is related to amount of accommodation, and the lack of turnover/move-on from temporary accommodation i.e. availability of settled accommodation. Length of stay in TFFs has been increasing over the last four years from 30 weeks to 42 at the end of 2013/14 (see section 2 above). Looking at all types of accommodation, the average stay in 2013/14 was 35 weeks.
- 5.29 Concerns were raised about the efficiency of use of TFFs – GCC states currently with an average turnover time of 44 days. This is explained by the amount of repairs, environmental screening and other checks required for letting, and the Homelessness Service Property Team is currently exploring more efficiency in the letting process. The team is also conscious of the need for a comprehensive property tool to help manage the emergency and temporary stock.
- 5.30 There is no direct access to emergency accommodation – it must be accessed through the HAC/CCTs. The exception is the Drug Crisis Centre, Link Up, and the Bellgrove Hotel (the Council does not make any referrals to the Bellgrove; access is by self referral). Service user experiences of the Bellgrove are discussed above (section 3) and stakeholders also report on the atrocious living conditions. There are mixed views as to whether there should be more direct access provision. Negative views are associated with Glasgow’s history of large-scale hostels, high risks and the suggestion that queues would form. Those in favour argue that there needs to be some form of shelter to keep people safe, with appropriately skilled staff, and to help start the engagement process for those that will not go near the statutory services.
- 5.31 There is consensus that there are gaps in the type of accommodation available for those with complex needs. Views include:

“There is not enough provision for people with addictions – we have to be realistic that Glasgow may need a ‘wet’ hostel, or something like that”

“Prison leavers don’t fit the system. If they’re very lucky they’ll get a place at Clyde Place. The reality is that there is not enough accommodation and not enough options for them – right up to last minute before release they don’t know where they’re going. If they end up on streets or in an

unsuitable place then the vicious cycle of addictions and crime starts again. There is a revolving door and no engagement.”

“There is not enough access to accommodation overall. We need to find different options for single men. We need accommodation that is not the large scale hostels, but has support and medical trained staff.”

“We need something between temp and permanent. What does this look like?”

- 5.32 The strengths of the emergency and temporary accommodation service in Glasgow was described as high tolerance and low level of eviction when compared to the practices of other local authorities – *“generally once you have a place you won’t be evicted, and even in some of the lower tolerance temporary accommodation, you will be found something else if it doesn’t work out.”* Other strengths are MAPP (Multi Agency Public Protection Arrangements) partnership work; it was noted that registered sex offenders never leave prison without suitable accommodation being secured.
- 5.33 There is a recurring theme about ‘stair-casing’ through different types of emergency and temporary accommodation. Some associated this with judgments by commissioners about behaviours – ‘deserving and undeserving’, and being ‘ready’ for the next step, possibly to make way for someone else. Others discussed service users being moved from ‘pillar to post’ in temporary accommodation to get other people into suitable accommodation. Whatever the reason, regular movement through different emergency and temporary accommodation is considered to hinder the resettlement process.
- 5.34 The concept of converting temporary furnished flats into permanent housing was raised – *“why uproot households if they been there years, and are settled in the community?”*. The ‘Housing First’ concept is also popular with stakeholders, and many want to see the Turning Point pilot being rolled out further.

Settled accommodation

- 5.35 There is an almost universal view about the shortage of permanent / settled, affordable housing in Glasgow, defined here as social rented accommodation. Examination of the latest Housing Needs and Demand Assessment (2011) shows that there has been a change in direction in Glasgow’s social rented stock from a position of surplus to projected deficit. There are strong caveats to this conclusion in the HNDA, stating that more research is required to reflect the individual complexities of the Glasgow housing market and household characteristics. However, this qualitative research suggests that multiple excluded homeless people in Glasgow are experiencing increasing difficulty in accessing accommodation. A new HNDA is currently being undertaken.

- 5.36 The mismatch in supply and demand is exacerbated by process problems with Section 5s and an impasse between GCC and RSLs on resolving the lack of flow of lets from RSLs for homeless people. The annual reconciliation of total Section 5 offers accepted by homeless households by GCC indicates that overall numbers of Section 5s have fallen by 27% over four years, from 3,032 in 2010/11, to 2,202 in 2013/14 (2013/14 figure still to be finally confirmed). Many consultees talk about 'dubious' reasons for refusals from RSLs, but also lack of challenge from GCC, and room for improvement in its own processes. Considerable work has been undertaken to resolve differences, through the Homelessness Duty Protocol, and development of Planning Frameworks (GCC and RSL sharing information on demand and supply of housing for homeless people). However, there ongoing frustrations from all parties – RSLs do not believe the Planning Framework process is working, and GCC and many third sector organisations talk about powerlessness to access more settled housing for homeless households – *“there is a structural fissure, the system is broken, we can't get past the barriers”* [to get access to more permanent housing].
- 5.37 GHA's relatively new Homefinder choice based letting scheme is unpopular with the service providers consulted. Service users with complex needs are felt to be discriminated against by the system in various ways. This is reflected in access (due to poor IT literacy and lack of IT access), and in the perceived lack of priority. Service users also dislike the system (see section 3).
- 5.38 There is frustration from commissioners and providers about the amount of wasted investment when settled accommodation is not available. For example, someone who has stabilised through months of drug rehab is at high risk of reverting to previous behaviours if they have no settled accommodation. Access to permanent housing is seen as the missing link in the care pathway, and links back to others' arguments to the 'Housing First' approach. Additional resources (an example given was of £1,800 per week) are spent on extending residential rehab places due to lack of move-on accommodation.
- 5.39 The Council currently does not use the private rented sector to discharge duty, and there is very little use of the sector from the statutory agencies even where there is no duty (for example for intentionally homeless). GCC has recently commissioned research to explore how the resources in the PRS could be harnessed, but there are concerns from a large number of the stakeholders on the security and quality of housing in the private rented sector.
- 5.40 There is a strong view that being given a place to live cannot cure homelessness – multiple excluded service users need intense support to sustain their tenancies. This is confirmed in research with service users (see section 3).

Support

- 5.41 Support in emergency and temporary housing is allocated according to the type of accommodation, with standard hours by type of accommodation, although additional floating housing support can be provided on an individual basis.. It is not considered to be sufficiently focused on the needs of the individual, or flexible – to increase, decrease or drop altogether. In line with opinions on the need for more assertive outreach, consultees identified the need for more support for people ‘care-of’ / no fixed abode and the concepts of mediation, peer support, mentoring and ‘stickability’ were all commonly raised.
- 5.42 Support in TFF is considered to be ad hoc provision and low level. This is partly to do with lack of engagement from service users, but again links back to the need for greater emphasis on assertive outreach and persistent engagement.
- 5.43 In overall terms, there is a recurring view that support for homeless people needs to be reviewed – there needs to be more targeting, and tailoring according to need.

Integration and joint working between services, data collection and information technology

- 5.44 The CCTs are in the process of integrating with GCC’s Social Work local teams, and within this process the Council will be looking at the assessment and care management process. There is an identified issue with lack of integration of IT systems between the CCTs (iWorld) and SWS (CareFirst). This theme of the need for greater integration in IT systems is repeated between GCC/GGCNHS and the third sector.
- 5.45 Integration between Social care and health is in its infancy but there are a number of examples of joint, effective work on the ground that benefit multiple excluded homeless people. These include Hunter Street Health Service, and the Trauma and Homelessness Team. Some people consider the policy drive for mainstreaming of health services to hold considerable risks for homeless people with complex needs.
- 5.46 The need for greater integration between the homelessness and social care teams was noted. This means between homelessness services commissioning, addictions and mental health services. It is apparent from a number of discussions with GCC representatives that it requires an unusual effort and funding solution to “*manufacture an integrated service option*” that meets the needs of those with very complex needs who may have already fallen through the net, and have been around the system a number of times.
- 5.47 There is an overriding view that there is greater scope to use the knowledge and skills in the third sector better, and to develop more reciprocal arrangements. This view is held across sectors and is associated with benefits for service users (more likely to engage) and

possibilities for efficiencies in the context of scarce and reducing resources.

5.48 As discussed above, there is an appetite to develop more coordinated working arrangement, possibly through the work of the complex cases group. This may involve developing its scope to cover more people, but within the context of overarching governance and system designed specifically for homeless people with complex needs. This also links to the need for better partnership in commissioning and better working arrangements between homelessness, addictions and mental health social care services.

Key priorities for change

5.49 The key priorities for change identified by stakeholders were:

- Supply, supply, supply – ultimately greater volume, and/or greater access to the right type of settled accommodation, and possible temporary accommodation. This includes different solutions for multiple excluded homeless, and the Housing First model.
- Assertive outreach and engagement – finding methods to find homeless people with complex needs as early as possible and stick with them.
- Overhauling the assessment and casework system for this client group – this needs a systematic approach, with overarching governance and leadership for people with complex needs.
- Support provision – the approach should be reviewed to make more tailored and person centred.
- A multi-agency approach - Integration across sectors with more value placed on working with third sector, harnessing their skills and knowledge.
- Tackling SILOs in funding – use the best service to meet the needs of the service users and make funding/commissioning of services flexible to meet these needs. Much closer working is required between the commissioning team in the context of ever increasing needs and reducing resources to maximise impact for those with complex needs.

5.50 The following chapter sets out findings from five other UK cities, exploring the journeys they are taking in identifying and addressing needs of homeless service users with complex needs.

6 Experiences from across the UK

Key findings

- The most important change case study local authorities were seeking was systemic or transformational change. This 'whole system' approach was considering how services can 'do things differently' by creating an enabling environment for service users and tackling organisational and cultural boundaries which have traditionally prevented services working together effectively. This requires strategic level, senior officer and political leadership. Strong governance structures need to be designed specifically around services for complex needs.
- Changing cultural and organisational ethos underpinned most successful change programmes and projects. These were attempting to shift the ethos away from conventional views of 'deserving' and 'undeserving' client groups.
- For all case studies, complex needs took up a disproportionate amount of time and resources, often with poor returns. A strategic approach was essential, both as a means of improving outcomes, and in the context of reducing resources.
- Understanding the level and nature of complex needs is critical, as are adequately resourced monitoring systems. There needs to be a working definition of what complex homelessness is: without this, it is difficult to gain consensus on what action needs to be taken, and what services have to change.
- To prevent duplication or gaps in services, reduce competition and lessen reporting requirements, it is shown that a strategic approach should be extended to commissioning of services, taken across different client groups/needs to capture the needs of those with complex needs.
- All case studies used, or were developing, a 'Pathway Model' for complex needs. The benefit was that it provided structure and clarity for service providers and service users, ensured committed and coordinated action, while ensuring service users were routed into the right support and accommodation as quickly as possible.
- To work, pathways for complex needs groups must avoid 'linearity' - be flexible, both from an administrative, and a staffing perspective. There needs to be flexibility on timescales for move-on so that sustainable outcomes are achieved.
- Two case studies reported success with the Housing First approach for complex needs groups. This model can give people with complex needs a long-term option that builds stability, self-worth and social connections. Risks identified were finding suitable accommodation and the potential wider housing management impact.

(continued)

Key findings (continued)

- All local authority case studies are experiencing problems in access to housing supply and all are aggressively using the resources of the private rented sector. This is achieved through dedicated move-on and move-through teams.
- All case studies highlighted the importance of specialist, highly skilled staff either trained in or at least aware of Psychologically Informed Environment (PIE) approaches. Many examples were provided of specialist mental health services working jointly and co-located with homelessness services.
- Case management, when used proactively, can support a pathway approach. To be successful case management should commence early, have a commitment from partner agencies and 'keep hold' of service users until such a point as they have settled into accommodation and support. Resettlement support should be flexible in its intensity, and have the option to go on for long periods of time to ensure long-term tenancy sustainment.
- Outreach services were considered an essential part of engaging with individuals with complex needs since they are often those least likely to engage, or sustain contact, with services. Peer mentoring can support outreach services, by encouraging engagement with services. Peer support can also help sustain service user engagement with services and increase the 'stickability' of interventions. Such an approach is a serious endeavour and requires committed resources to support those undertaking the peer mentor role.

Introduction

- 6.1 A comparative review has been undertaken involving five cities across the UK. The aim was to identify elements of best practice in responding to homelessness and complex needs and consider how this might inform and guide future practice in the Glasgow context. Across the five local authorities, a total of 13 interviews were conducted; 10 by telephone and three face to face. As shown in the table below, consultees varied across the five cities, but included homelessness or housing options managers, team leaders within homelessness services, those in charge of commissioning services and voluntary sector providers. Data collected was supplemented, where possible, with an analysis of relevant local documents (service plans, strategy documents and existing research) and statistics.

Table 2: Stakeholders and data consulted

City A	Three interviews (service manager, team leader and manager of a third sector organisation delivering homelessness multiple and complex need services).
City B	Two interviews (service manager and commissioning manager). Discussions focused on the Pathway model developed for hostel and supported accommodation. An evaluation report on the Housing First pilot was also examined.
City C	Three interviews (Director and two Service Managers). The discussions focused on the challenges present within the current system and the proposed changes. Strategic documents relating to the proposed changes within the local authority were also examined.
City D	Two interviews (temporary accommodation manager and director of homelessness services)
City E	Three individuals (director of homelessness services and a homelessness manager within the local authority and Manager of the Complex Need Services)
Total	13

- 6.2 The interviews were semi-structured and aimed to understand the strategy and approach each city was taking to multiple exclusion homelessness. Discussions focused on how service users with multiple and complex needs engaged and accessed services, the accommodation and support options available and the interagency structures in place.
- 6.3 Since the discussion is limited to the views of two or three individuals it is not the intention to provide a whole system review. Rather the analysis seeks to highlight the themes identified by the stakeholders and illuminate good practice. A number of the projects described were in the planning stages. Likewise, some cities were in the process of transforming their strategic direction in relation to complex needs. While this reflects greater attention to this group, it is not yet possible to determine whether the proposals described are impacting on services as expected.
- 6.4 The chapter discusses each of the cities in turn. The findings and names of organisations are reported anonymously and, where necessary,

specific details have been altered so as to maintain confidentiality. Names of projects and initiatives are fictitious to protect anonymity. For consistency the term 'service user' has been used throughout. However, it is important to note that three of the five case studies used the term 'client' in an attempt to reflect the desire to positively transform attitudes and approaches to multiple and complex needs groups. It concludes with a summary of the recurring themes and key lessons for the Glasgow context.

City A

- 6.5 City A in England has a population of 430,000. The majority of households are owner occupiers (54%), while 24% live in the private rented sector and 20% in the social rented sector. A high demand housing area, homeownership is out of reach for many. The local authority currently manage their own stock of approximately 29,000 units, while a further 40 social housing providers provide a range of affordable housing. There are two main associations who provide the majority of the affordable housing.
- 6.6 Demand for social housing currently outstrips supply by around 935 units per annum. These supply issues are clearly being felt within the homelessness system. Over the last four years the area has experienced a huge growth in levels of homelessness, with homelessness decisions rising by over 58% between 2010/11 and 2013/14. Numbers accepted as homeless and in priority need have risen even further, by 79% over the same period. As demand has increased, so too has reliance on temporary accommodation, with spending in this area having doubled in the last two years. Pressure on service delivery was felt to have been fueled even further by cuts to welfare payments and benefits.

Strategy and approach to homeless people with complex needs

- 6.7 The statutory homelessness services are provided through five 'one stop shops'. Homelessness assessments are conducted and, if required, individuals are referred to the Housing Advice Team. This provides an appointment-based service with staff specially trained in housing advice. A caseworker is allocated to 'guide' individuals through the statutory homelessness process.
- 6.8 Homelessness staff were, until recently, specialist workers, with dedicated services focusing on areas such as psychiatric hospital discharge. The change to generic working was designed to reduce costs and give flexibility in responding to user demand. Concerns have been expressed over whether staff knowledge has been diluted and connections lost. It was felt, especially in cases of multiple and complex needs, that "knowing who to talk to" both inside the Council and externally was essential and that in a generic post the capacity to form strong interdisciplinary relationships was more difficult. Feedback on the change from those dealing with hospital and prison discharges has been negative, a sign that until the change homelessness services were filling gaps within other equally pressured services.

- 6.9 For complex and multiple needs groups the key issue identified was “not getting them in, but keeping them in”. Consultees made reference to Maslow’s hierarchy of needs that assumes that if you resolve the housing, then “bang, job done”. Service users described as “hard core” are often not ready to engage when support is initially offered. In such instances it was felt that a tenancy will not resolve the needs and should be one of the last things prioritised.
- 6.10 Since very few multiple excluded service users accessed homelessness services through the statutory route, strong connections and relationships with external providers was extremely important. Most within this category enter the system via outreach services:
- **Outreach Centre** – run by a third sector organisation, it provides homelessness assessment for rough sleepers and those with complex needs. Services include a specialist healthcare service staffed by nurses and GPs, a Pathways to Employment team; mental health service staffed by a clinical team, community café run by former homeless people and a peer advice service.
 - **Street Outreach** – this provides support and case management for rough sleepers in the city, coordinating closely with outreach and housing providers. A team of street-workers work proactively to reduce rough sleeping.
- 6.11 Outreach services can refer directly into hostels. Once there, service users have a key worker who support them in a pathway from high support to medium / low support. Within hostels the core ethos was described as giving people “time to settle down and sustain support”, with a particular focus on re-establishing family support networks. The authority also offers ‘high support beds’ where outreach workers can support service users for three months to help them transition into hostels. It was, however, felt that hostels exacerbate the cyclical nature of complex needs. Providing time to settle has to be balanced with a need to move on quickly:
- “New residents in hostels can pull more settled residents back into using and abusing substances. Moving on as quickly as possible helps to avoid this”
- 6.12 In terms of staffing, all commissioned services were required to provide psychologically informed services (PIE). This approach is focused around the psychological and emotional wellbeing of the service user, using an enabling ethos that recognises the potential for change²². From the local authority perspective, PIE is not simply about training but a wider cultural change as exemplified in the Sunlight Project (see good practice example).

²² Psychologically Informed Services for Homeless People: Good Practice Guide (2012) Southampton: Communities and Local Government (<http://eprints.soton.ac.uk/340022/>)

The local authority homeless service was not, however, working under this philosophy.

Accommodation and support options

- 6.13 The expectation is that people will initially be referred into high support (level one) through a Housing Support Register and then move through ‘a homelessness pathway’ – the end result being a permanent tenancy. There is a range of level one accommodation, with several providing specialist support where mental health and substance misuse is a current issue. In all, a key worker is allocated to the service user and identifies needs, priorities and aspirations and then plans support and eventually move-on. Some services use peer workers who draw on their own experiences of homelessness to support new residents. In most cases, services aim for move on within four months.
- 6.14 Service users then move on to level two supported housing which is commissioned to provide accommodation for between four and nine months. In addition to accommodation, these services work on recovery; liaise with mental health, drugs and alcohol services and voluntary agencies; help with accessing therapeutic interventions; and provide peer support and mentoring services. Also offered is support on issues relating to gaining independent living skills such as benefits, budgeting, accessing education and work, and connecting service users to other agencies.
- 6.15 Service users within supported housing at levels two and three (low support) have access to a move-on scheme that provides priority on the housing register. The scheme, introduced through the homelessness prevention strategy, aims to facilitate successful bids for social housing, enable timely move on and reduce silting up in the system:

“It is carrot and stick ... the carrot is that they will be offered support through the homelessness pathway, while the stick is that if they choose not to go down this route, no priority points are added”

Multi-disciplinary working

- 6.16 Previously, there was a monthly multi-disciplinary review group which discussed high profile and high risk cases. The discussions generally focused on service users who were in accommodation and required ‘problem solving’ in relation to their support. While it successfully brought partners round the table and acted as a “lever” to get support in, it was used infrequently and reactively (for example, when a pathway was not working).
- 6.17 It was felt that at present directors of services do not have the opportunity to reflect *together* on the specialist skills they have. Furthermore, relationship building between external agencies was often prevented as a result of a competitive commissioning process that required providers to bid against each other for limited resources.

6.18 In terms of the frontline homelessness service, there is no co-location between homelessness staff and other services (health, social work, education) and it was felt that there could, at times, be a cultural and attitudinal demarcation between staff. A structural change was planned which will see homelessness services move out of the neighbourhood directorate and into the people directorate, alongside social work. Staff were hopeful that this would encourage staff to move closer and start thinking outwith silos.

Information sharing and monitoring

6.19 It was estimated that there are around 30 people at any one time in the local authorities “revolving door” who are impossible to house due to their complex and multi-layered needs.

“These are the 10 per cent that take up 90 per cent of our time”

6.20 Information sharing for those with complex and multiple needs was poor. There was no common system for data collection outwith statutory presentation and it was not possible to produce robust data on level of need. Data was held by different providers but it was not linked up and a picture was often built from “well known service users”. The result is that those with hidden needs can be overlooked. A homelessness system which “talks” to adult care services was desired to aid information sharing and promote greater understanding of the services individuals were already engaged with. Funding was, again, the key barrier to achieving this.

Continued challenges

6.21 All those consulted identified ongoing challenges, particularly in relation to service users with complex needs. Co-ordination was thought to be one of the biggest gaps and it was noted that alone the homeless service can only do so much:

“we can do housing bit time and time again. The biggest question that remains is how to get them in and keep them in”.

6.22 As “the ladder is being pulled up” in terms of access to community care, homelessness services were seeing a respective rise in service users with multiple and complex needs. It was felt that often the housing support provision was not enough and that these needs require greater joint working with health and other specialist services to create sustainability. Joint commissioning, some felt, could help resolve these issues.

6.23 Flexibility in length of stay in supported accommodation was considered to be important, and some felt the system provided for this. However, not all agreed, with some arguing that decisions on length of stay were arbitrary and had no official basis. It was also noted that due to financial cuts some services had no option but to strictly observe timescales.

6.24 Finally, while individual services were positively regarded for their ability to engage with service users with multiple and complex needs, the overarching concern related to reduced funding and severe lack of housing supply. In this context, assertive access and engagement was only part of the picture. In light of this, the local authority was a partner in the Sunlight Project, an innovative initiative aimed at delivering systemic change.

Good practice example: A project to deliver systemic change

6.25 The Sunlight Project is a newly established pilot project. Funded through a national charity and run by a third sector organisation, its aim is to deliver systemic change in homelessness services for those with complex needs. One of the issues is that services can be dictated by the expectations set out by the commissioning process. This included, for example, setting unsustainable move-on targets. It was also felt that the service users experiences of services were poor, which impacted on their willingness to engage:

“The funding [for the Sunlight Project] means that we do not have the usual constraints ... together we have the opportunity to be innovative and really think about what will work. We are being given opportunity to do the job right”

6.26 The new scheme, being run over eight years, is focused on “learning to do things differently”. Multi-disciplinary working is at the core with a project board including the local authority, probation services, mental health services, the Police, local drugs projects and clinical commissioning. With a staff team of 13 (including a manager and team leader) it will “walk the journey” with 300 service users. Split across several needs groups, service users must have experienced three of the four situations: homelessness, drug and/or alcohol dependency, offending behaviour or mental health problems.

6.27 The project explicitly highlighted the specific needs of women with multiple and complex needs, arguing that services were failing in delivering gender specific services. Hidden needs such as drug using mothers and women living with pimps were examples of groups who may not present as homelessness, but where engagement could take place through other routes (such as A&E). It was felt that funding allowance limits the opportunity to manage this effectively, while commissioners and agencies are restricted by the funding they have available. At a government level it was felt that there was no expectation to provide gender-specific services and as an ‘added value’ service gender specific services can be the first thing to be cut.

6.28 In terms of delivery, the service will operate as wraparound floating support. This will vary in intensity over time, depending on the range of agencies involved and the ongoing needs of the service user. The key role of the support worker will be to create ‘stickability’ through monitoring, maintenance and facilitation. The ethos is on improving the service user

experience, providing clear routes through which services are accountable. The service will be 'client' led, in a way that makes them feel engaged and valued. At the same time it will challenge public perceptions that individuals with complex needs are less deserving of services.

6.29 A number of systems will underpin the project, although given the early stages many of these are in the process of being established:

- Formal multi-agency referral panel.
- Advisory group.
- Peer mentoring services (this element may be adapted so as to ensure it does not compete with existing services. The project has also been looking at the challenges of this approach, such as the need to adequately support mentors; the risk of relapse and mentors forming inappropriate relationships with service users).
- Operational group to consider policies and procedures.
- Strategic group consisting of directors from different agencies and departments within the local authority.

6.30 It is by involving beneficiaries and stakeholders at different professional levels that the project hopes to transform practice and provoke systemic change. Thus, the focus is not only on procedures, but wider concerns around building effective relationships; dealing with competition within commissioning; encouraging partners to share good practice; facilitating a shift away from monitoring and effectiveness determined by purely statistical measures and giving greater focus on softer long term outcomes. Innovatively, the project is also looking at the supply chain. While it is very much in development, considerations have been given to the potential for working with private developers to create a partnership that will form a chain of suitable housing throughout the pathway.

City B

6.31 The population of English City B is around 220,000. The household tenure distribution is unlike the national average, with 33 per cent of households living in the private rented sector, 32 per cent owner occupiers and 32 per cent of social renters. Reflecting the tenure profile, much of the population is highly mobile, with a large proportion of young, single people. The most significant housing challenge relates to rising house prices and the prohibitively high level of private sector rents.

6.32 The Council maintains its own housing stock, with an additional 27 social housing providers operating across the area. Overall, demand for affordable housing is outstripping supply, with applications for social housing rising by almost 50 per cent between 2005 and 2011. Over the last decade, the focus of the homelessness service has been on prevention and early intervention. To that end, homelessness presentations and decisions made have decreased significantly, while cases of homelessness prevention and relief have risen.

Strategy and approach to homeless people with complex needs

- 6.33 Homelessness assessments are undertaken within a single housing options service. Since City B is a relatively small geographic area - albeit densely populated - this was not felt to affect access. The housing options staff were considered to be highly skilled and trained in identifying those who are vulnerable or who have support needs. While there is an awareness of the PIE approach and the general principles informing service delivery, it is not formally used within the local authority.
- 6.34 Service users with multiple and complex needs were referred to as “vulnerable people with support needs”. For this group the key to housing and support provision is the Hostel Pathway model for rough sleepers and single homeless people with support needs. A Part VII homelessness assessment is not required to access the Hostel Pathway and, in general, those presenting with accommodation based support needs are strongly discouraged from accessing statutory homeless services. Instead, such service users are typically referred to the Hostel Pathway by a ‘designated referral agent’ (these include Housing Options and Advice Service, the Street Work Team and all hostels services). To ensure the referral agencies have sufficient access to the Pathway, services working within the pathway are required to accept 95 per cent of their referrals via this route.
- 6.35 Many of the service users with complex and multiple needs access the pathway through ‘The Street’ outreach service which engages with people involved in street population activities (rough sleeping, street based drug use, begging, street based sex work and street drinking). Workers encourage people to address their issues, get off the streets, and lead “more constructive and responsible lives”. The service is co-ordinated between the police, community wardens, street cleansing teams and other agencies who provide services such as hostel accommodation. There are regular 'tasking and targeting' meetings where service users involved in street activity are discussed, service plans agreed and enforcement considered if appropriate.

The Hostel Pathway

- 6.36 Once a service user is within the Hostel Pathway, they follow four broad stages, with the aim to move into independent living. Its ethos is to support vulnerable and homeless people change behaviour, raise their aspirations, gain meaningful occupation and, most importantly, move from a state of homelessness and dependence to independent living and social inclusion. Support focuses on helping residents acquire skills that will enable them to live independently, an approach founded on the belief that change is possible. While the system was generally described as linear, there is flexibility allowing service users to skip stages or move into independent housing without completing all stages:
- Assessment: identifies immediate needs and matches service users to the right service.

- Specialist: provides specialist support (substance misuse, mental health needs, offending behaviour).
- Progress and engaging support: these bed spaces maintain progress and work with service users to consider future housing and work options.
- Move through: working with service users to learn and practice independent living skills.

6.37 While there is no overall case management during the Pathway, one person is responsible for supporting the service user at each stage. During assessment the case would be the responsibility of the housing advisor until a space in a suitable hostel is secured. Once in a hostel the service user would be allocated a key worker who would take responsibility for building a trusting relationship. Help and support is provided, with the ultimate aim of transitioning into a move through bed where people are helped to acquire independent living skills. A dedicated move through pathways team has been established who play a central role in working with private rented sector procurement to secure permanent housing at the end of the pathway. A move is a guaranteed part of the pathway. The move on team has clear targets and this was thought to prevent “silting up”.

6.38 There is also provision to give ‘extra support status’ to those who have been evicted or are at risk of eviction from pathway services. This status can relate to unmanageable substance misuse, antisocial behaviour or behaviour relating to dual diagnosis. When a service user is given this status, it is expected that they will be referred to a hostel with a 24-hour staff presence. This represents a final pathway option. Service users will be informed by their hostel or service manager that this is a last chance to change their behaviour. Those who do not amend unacceptable and anti-social behaviour whilst holding extra support status are likely to be at risk of imprisonment for illegal activity and/or breach of statutory orders.

6.39 Overall, the Pathway process was considered to be a success since its introduction in 2007. Move-on data from one of the key third sector agencies working in the city found that resettlement outcomes improved dramatically, with the proportion of service users moving into stable accommodation having tripled in six years. Even more significant is that these results were achieved in a period of year on year reduction of funding for supported accommodation.

6.40 There was thought to be a number of factors contributing to success. First, the pathway has helped to keep down costs through encouraging more efficient delivery and avoiding unnecessary service duplication at all levels. Having a strong and efficient move on team was also considered essential, especially a high demand market. The team has a manager and over time they have built up a strong supply of regular suppliers in the private rented sector. While they do not offer bonds, non-repayable incentives (£750) are provided as well as guarantees to landlords about the quality of the lets (these state that customers will have had pre-tenancy training and that

they have been vetted and are ready for a tenancy). Finally, the local authority provides a comprehensive tenancy sustainment programme for up to two years after allocation. While there have been concerns about welfare reforms, those in hostels are excluded from the under 35 rule (which restricts entitlement to a housing benefit for a room with shared accommodation).

Accommodation and support options

- 6.41 A range of accommodation options is available. The pathway model aims to ensure that service users are filtered into the service best suited to their needs. Despite the effective move-on services, there have been concerns about availability of hostel accommodation. On occasions when they have been short of bed-space, the threshold for access has had to rise. This, in turn, creates greater potential for individuals falling between gaps in the system. Specialist mental health services are also consistently in high demand. Recently a number of key hostels have been taken out of commission for refurbishing, raising concerns that the system was “cracking at the seams”. This caused a “shock” since it revealed how little room for manoeuvre there was within the system.

Multi-disciplinary working

- 6.42 The various partnerships and multi-disciplinary groups associated to the Pathway model were a further identified strength. Not only did these groups span strategic and frontline service delivery, but the different levels of governance were clearly connected. Thus, those commissioning services were connected to providers, wider stakeholders and frontline staff and vice versa:

- Commissioning Group oversees planning and delivery of Pathway services.
- Pathway Provider Forum – brings senior managers from providers and commissioning team together to discuss strategic issues.
- Forum for Pathway commissioners, providers and stakeholders to share information and address procedural issues. Regular contributions from guest speakers who make presentations on services that are relevant to the Pathway.
- Assessment Group - Review performance of assessment beds across the Pathway, highlighting any issues, making recommendations that will feed into Pathway commissioning plans.
- Pathway Panel - multi-agency approach in exploring best possible options for a service user to enter or move within the pathway; establish level of need and recommend additional resources needed. Connections between this group and those at strategic / senior level groups enabled recommendations on future procurement to be made.

6.43 Case conferencing was also used in the Hostel Pathway in the following circumstances:

- Prior to eviction
- Where there is no clear or obvious Pathway / non Pathway option
- Where the service user presents 'significant' behavioural concerns or is particularly vulnerable.

6.44 Overall, governance of the Pathway model was thought to work well. Particular advantages were its success in engaging with staff at a senior level. A dedicated commissioning group engaged with service providers was also thought to enable better communication and pooling of resources. Providing opportunities for the exchange of creative and innovative ideas has helped the model to be refined and improved over time. Case conferencing, meanwhile, offered service providers an opportunity to constructively discuss very difficult users, without blaming individuals and agencies for perceived failures. It has also helped to ensure that responsibility was not left with one service and, as a consequence, coordination of care was improved.

Information sharing and monitoring

6.45 In terms of monitoring there is no common system for data collection for "vulnerable people with support needs" not recorded in statutory presentations. Data is currently drawn from a customer database to track those currently housed. However, only those services provided by the local authority have access to the system. This is a clear weakness, although service users are 'picked up' again once they come to the end of the pathway and are ready to access permanent housing.

Good practice example: Using Housing First for chronically homeless groups

6.46 City B recently piloted a Housing First project, the aim of which was to "pick up" service users who do not fit into institutional settings. The project was commissioned by the local authority and delivered by a third sector provider. The project used ordinary private rented housing alongside a mobile team of two specialist support workers, each with a caseload of five.

6.47 The project supported thirteen people. Unlike the typical Housing First model, the approach was used alongside the existing staircase system. Those selected were those 'stuck' in the pathway on a continual or recurrent basis, for at least three years, and had never reached the point where they were eligible for move-on. This was, therefore, a group with extremely high support needs: high rates of severe mental illness, poor physical health, histories of anti-social behaviour, criminality, sustained worklessness and problematic use of drugs and alcohol.

- 6.48 Huge successes were reported not only in housing those never housed previously, but also in longer-term tenancy sustainment. Service users demonstrated improvements in drug and alcohol use, a reduction in involvement in ASB and greater engagement in treatment for mental and physical health problems. Despite the ‘risks’ associated with housing complex needs groups in mainstream housing, the number of reported incidents was lower than reported than in hostels.
- 6.49 Providers attributed the positive outcomes to a number of factors, the key one being the ethos attached to the service delivery. Within the service there is one worker “who wraps a package of support around the service user’s changing circumstances”. Intensive ratios, high levels of contact and flexibility were combined with a proactive approach to engagement. Rather than end with disengagement, the service would respond with assertive outreach. The approach was based on a “strengths model”, which valued the knowledge and experience of the service user. This allowed them the ability to control their environment, without having rules being made for them. There was also flexibility and choice provided in the accommodation, which respected the service user and their individual views. The project used dispersed housing, not only to reduce the risks associated with block accommodation, but also to increase feelings of safety among service users.
- 6.50 Despite the successes, major challenges were identified in finding suitable, adequate private rented accommodation within the rent limits that would be paid by Housing Benefit. While direct credits reassured landlords, this bargaining tool has been removed since the introduction of Universal Credit. To work, the project relied on extremely skilled staff, building relationships with letting and estate agents and enabled suitable housing to be identified.
- 6.51 While small in scale, the pilot was found to be cost effective compared to hostel-based services. Support costs for the Housing First service were approximately £173 per person, per week after someone had been housed, compared to an average of approximately £203 per week to cover support costs for hostels designed to resettle single homeless people.

City C

- 6.52 City C has a population of around 500,000. A similar proportion of households are owner occupiers (61%) compared to the national average, however, there is a lower level of social rented housing (14%) and larger private rented sector (24%). In addition to the local authority stock, there are 25 social housing providers. The number of people seeking help due to homelessness has been in decline, with a 15 per cent reduction in homelessness prevention in the last five years. There is, however, continued pressure on the system, particularly as a result of people staying longer in temporary accommodation. Access to well-managed private rented accommodation was highlighted as being a route for addressing these supply issues.

- 6.53 Changes in subsidy levels for temporary accommodation have also presented significant risks to the ongoing feasibility of the accommodation available. The budget for commissioned homelessness services has been reduced by a fifth in the last five years. A transfer of funding to health and social care services (for learning difficulties and physical disabilities services) has resulted in further reductions, highlighting the competing financial needs of services. The welfare reforms, including under occupancy, benefit capping and universal credit, were all expected to cause additional demand and increased financial pressure in the coming years.
- 6.54 In light of these issues, the local authority and its partners are in the process of making significant changes to how homelessness services are delivered, with a particular focus on prevention. The proposals are also designed to make support more effective and flexible for those with complex and multiple needs. The following begins by describing the current service and its challenges, then moves on to discuss the proposed service developments.

Strategy and approach to homeless people with complex needs

- 6.55 Around 65 per cent of homeless people access the service through a city centre based service providing advice and information on housing options, advice and support on homelessness as well as statutory homelessness services. A similar service is provided at each of the neighbourhood offices.
- 6.56 In terms of service users with complex needs, there is a dedicated 'Open Doors' service. Based in the city centre, it consists of three services: social work, health and housing who together provide a coordinated service for the needs of people who are homeless or threatened with homelessness, who have complex and multiple needs and find sustaining accommodation difficult. Although co-location of services was considered to be an asset, departmental boundaries were thought to hinder collaborative working since staff often "worked to rule", focusing on their own departmental policies and procedures. This was one of the issues the 'City Together' approach hoped to overcome (see good practice example below).
- 6.57 The local authority also commissions a homelessness crisis service which includes premises, and street based service. The Centre, open 24 hours a day, seven days per week, operates as a 'triage' service for rough sleepers and people who have multiple and complex needs which place them at risk of rough sleeping. As well as immediate practical services such as laundry, the service connects users into appropriate services. The project has a non-interventionist, non-punitive approach, which works with service users at their own pace and in their own space.
- 6.58 It was commented that the key limitation in the system is in how it responds to service users at point of first contact. At present people are moved into temporary accommodation and then a consideration of how

and where to move them is made. This model, it was argued, has the potential for “instability and service generated risk” since this means that service users are not accessing the right services quickly enough. As a result there is a lack of “stickability” in interventions with the effect of people going “round and round” the system. The proposed changes, discussed below, aim to address these issues by streamlining and clarifying the system both for staff and service users.

Accommodation and support options

6.59 The local authority and its partners provide approximately 2,900 bed-spaces, flats and houses through hostels, supported and accommodation and private sector leasing. These include:

- Seven hostels
- 350 dispersed flats
- 217 council owned and leased supported units/hostels
- 183 Commissioned supported units/hostels
- 350 to 400 bed and breakfast spaces.
- Up to 108 short term lets (private rented flats)
- 1,700 low to no support tenancies provided through PRS Leasing.

6.60 Some providers questioned the capacity within the accommodation available, noting that more vulnerable people are remaining in temporary and supported accommodation for longer. It was noted that in cases where there was social work involvement, the homelessness service would not force duty discharge and continue to support the individual until such a time when they are ready to move on. This would involve removing them from the bidding process so as not to force them into an unsustainable tenancy decision. Such decisions were, however, made on a case by case basis, emphasising the need for a clearer and more proactive approach to managing service users with complex needs.

6.61 It was also noted that some end up moving around the system. While such trends are partly a reflection of the lack of affordable, move-on accommodation, it also indicates that services are working less well for those with multiple and complex needs for whom greater support is necessary.

Information sharing and monitoring

6.62 The local authority has developed its own system for managing and reporting information on homeless people. Over and above the statutory housing information system, the authority collates longitudinal data on individual service users, their use of services and the outcomes. Data from the Crisis Centre is connected to this system. There are, however, limitations since it is dependent on service contact (individuals might have returned to homelessness but may not have contacted a participating

service provider). It was also felt that the two datasets do not 'talk' to each other, limiting their meaningfulness.

- 6.63 Data on the level and nature of complex and multiple needs was still felt to be difficult to access. Current estimates suggest that the number of individuals with complex and multiple needs is approximately 200-300. However, there was some debate as to precisely which people this figure includes and who might be missing. There are estimated to be around 130-150 at risk of rough sleeping at any point (a figure based on commissioned street-work services) but it was felt that very few rough sleep regularly. The Open Door Service, meanwhile, has 400-500 live cases. The local authority are currently reviewing their IT support with a view to replacing it during 2015/16 with a system which will allow for greater integration between homelessness, housing support and social work systems.
- 6.64 At a practical level it was also noted that information sharing between agencies on individual cases could be protracted. Basic data, for example determining whether a service user has a GP, can be essential, yet was generally unavailable without making formal data requests. Such restrictions were thought to impact on the ability of staff members to help and support service users quickly.

Multi-disciplinary working

- 6.65 Multi-agency and multi-disciplinary groups do operate and were felt to work well. Generally they were considered to be most effective when taking place early, with an initial meeting which establishes needs and then continued throughout the case. Yet such proactive interagency meetings were limited and tended to be confined to those cases with a statutory focus.
- 6.66 In relation to strategic partnerships, it was also noted that budgets are still owned by services, rather than being used thematically. This is particular issue for groups whose needs straddle different services provisions, such as complex and multiple needs.

Service developments

- 6.67 With these issues in mind, the local authority is currently undertaking significant reforms. In terms of frontline services, the aim is to move towards prevention and early intervention by directing people into appropriate pathways at the point of initial contact. The proposed service will be dispersed and locally delivered, with integrated services designed to reduce silo mentalities. A triage system will be created which can direct individuals into a pathway suited to their needs. How this 'triage' will be delivered is still to be determined. Telephone access has been suggested. While this arguably raises questions relating to access, the Council's 'out of hours' access to temporary accommodation is accessed by telephone and is primarily used by people with complex needs, sometimes with support from 'The Centre'.

6.68 The proposed new pathways to be created will include:

- **Risk of homelessness in 7 days:** Will involve housing options interview and case management with view to crisis intervention
- **Risk of homelessness in 7-60 days:** Will involve housing options interview, case management and focus on early intervention and prevention.
- **Young people:** A specialist housing options process and case management approach will be offered. If delivered effectively, it is hoped that ultimately the future level of multiple and complex needs will reduce.
- **Multiple / complex needs:** A specialist housing options process will be delivered through a multi-disciplinary housing option solution.

6.69 The intended outcome of this transformation in service delivery is that over the next 3-5 years homelessness presentations will reduce, as too will the number of emergency and temporary accommodation bed-spaces. Case resolution times will be significantly improved and repeat presentations will be minimised.

6.70 The second key development has been a comprehensive re-commissioning of advice, support and accommodation services to prevent homelessness. While the review is being undertaken with a view to delivering Best Value, it is the hope that refocusing will produce positive individual outcomes which support sustainable independent living and the prevention of future homelessness (and therefore limit those within the 'revolving door' of homelessness). Work has also focused on ensuring that interventions are non-punitive, which support service users to take control of their own lives and be actively involved achieving a positive destination.

6.71 In relation to homelessness services, advice and support services will be re-modelled with a focus on prevention and early intervention. This will include neighbourhood based support services offering short-term support to resolve imminent housing crisis, advice services and mediation. Services supporting vulnerable homelessness people are also being reviewed – this will specifically consider the needs of homeless or rough sleepers who have care and support needs and require multi-agency involvement. A collaborative approach is being used which will engage with stakeholders (providers and services users) to design and plan future services. Thus far collaborative activities have included service user focus groups, drop-in sessions for providers and stakeholders and an electronic survey.

6.72 Re-commissioning has also examined services to determine their strategic fit. This has involved working closely with health and social care services to review supported accommodation services for people with mental health problems. Agreement has been reached to transfer longer term and more specialist projects out of the remit of housing support services. This process is still being finalised, but it is hoped that this re-modelling

will result in a system that is better managed, joined up, clearly defined and which delivers better outcomes for service users.

Good Practice Example: City Together

- 6.73 Underpinning the various developments in City C is a wide ranging and transformational review of the services currently provided to people with complex needs – the group who are the most vulnerable, disenfranchised and disengaged. The genesis for the City Together review was through the now defunct ‘escalating concerns group’. This had an emphasis on locality planning and service delivery, was multi-agency and multi-sector. Each group was chaired by a different partner agency, and all with a remit to apply a collaborative, problem-solving approach to individuals or groups presenting particular challenges or difficulties in the local community (‘thorny’ cases). While the structures for success were in place, overall there was a lack of buy-in. Partners were wary and critically, the group had no leverage (‘no clout’). A broader issue was that the group was responding to ‘escalating concerns’ and was therefore reacting rather than dealing with issues promptly and in a way planned way that is based on the needs of users.
- 6.74 From this group, there was a growing recognition of the need for a strategic approach in which staff were working corporately. Such an approach would mean that rather than there being a ‘homeless case’ for example, it would be a team approach (‘City Together’). Key to this is not only flexibility within practice, but also establishing approaches to working together as early as possible.
- 6.75 City Together was formed with an aim to improve the life-chances, health and wellbeing of those with complex needs. As a team approach, the aim is to deliver transformative change in the way multiple and complex needs groups are treated, with service providers recognising a shared responsibility to operate for the benefit of people who use services or who may need them, in a way that is of overall benefit to the City. This echoes calls to reject ‘silo’ working, and instead embrace thematic working across service boundaries to achieve positive outcomes for individuals and communities. Considerable time has been dedicated to plan for the service. This will involve:
- A review of the level of provision and identification of gaps
 - Assessment of the quality and effectiveness of services
 - Comprehensive engagement with service users and carers, families and communities, learning from those with lived experience
 - Make links to other work streams, including child and adult protection and neighbourhood services.
 - Working with partners to develop and implement effective responses, services and use of resources in relation to multiple and complex needs.

6.76 A programme board governs the project and includes membership from all Council service areas and partner agencies/sectors with recommendations expected in 2015.

City D

6.77 The population of City D is approximately 280,000. The housing stock is made up of 50 per cent owner occupation, 22 per cent private rented and 28 per cent social rented. A total of 33 social housing providers operate across the City, the largest created following the successful stock transfer of local authority housing. In relation to homelessness, the overall trend in the number of full homelessness duty acceptances has remained steady since 2009, with a slight increase from 2011-12 to 2012-13. This overall trend has continued in the context of increased demand for the service.

6.78 Over the last decade the council and its partners approach to multiple and exclusion homelessness has developed significantly. The changing approach was driven initially by concerns about rough sleeping in the mid 2000s. Attempts to address the issue revealed that there was very little understanding of the scale of the problem, the needs of service users and a lack of consensus on what aspects of the system were not working.

6.79 A multi-agency steering group was established to learn more about the problem. Key to the group's success was that it had commitment politically and from senior staff within the local authority. What they found was that some rough sleepers were accessing services – but often chaotically and multiple times. There was no information sharing and no coherent plans for these individuals. Night shelters were available at that time, but had effectively become a 'free for all'. Tension was growing since the centres had become stigmatised and were often a focal point for antisocial behaviour. It is these issues that have shaped the direction of the City's approach to multiple and exclusion homelessness.

Strategy and approach to homeless people with complex needs

6.80 The statutory homelessness function sits within the 'Active Inclusion' service, part of the 'Wellbeing and Care' directorate. The service aim is to co-ordinate services that provide housing related support, and information and advice to prevent homelessness.

6.81 The key homelessness service is the Housing Advice Centre, which provides both the statutory function and a housing options service. Based in one central location within the City centre, access is via self-referral or through other agencies. The Centre offers face to face and telephone appointments since recent cuts reduced the capacity for outreach. Visits to prison and hospital are still undertaken, but decisions on whether to do so are based on what is 'reasonable'.

6.82 There are three community psychiatric nurses from the health trust working within the homelessness service: one in the transfer landlords 'property shop' located in the city centre; one is based in the Community

Mental Health Team and covers homelessness provision in the west end of the city and a third covers homelessness provision in the east end and is based in Community Mental Health Team but works from the homeless health centre. This arrangement was generally felt to work well but is an area targeted for further development to ensure competing expectations and demands of the services are better balanced. Various other examples of co-location exist across the city, for example, there is an approved mental health social worker based at the local authority emergency accommodation project. There is also a dedicated Health Centre for homeless people. This operates on a drop in basis and provides primary health care services, practical support (such as showers) and support with housing, welfare, mental health. The service also refers users onto other services and provides an outreach service aimed at encouraging homeless people to access health services.

6.83 Many of the complex needs cases are captured within the City's rough sleeper approach. This is underpinned by a multi-agency approach which includes:

- Guidance on the definition of rough sleeping.
- Advice on how to identify rough sleepers and assess need.
- A clear process for reporting rough sleeping to the Council.
- Close links with commissioners.
- Outreach and street based services (discussed later).
- A protocol on eviction from supported accommodation.
- A dedicated post to 'case manage' and co-ordinate responses, with a weekly meeting of all agencies involved.

6.84 The Active Inclusion Service also oversees the Single Housing Support Register, which controls access to all emergency and/or supported accommodation or floating support. This single register helps in the co-ordination of support services and ensures they can be allocated to an individual quickly. The register operates alongside a Pathways model, aimed at helping vulnerable adults move on from supported accommodation and into settled housing without having to make a homeless application. A joint initiative between the council, transfer association and support agencies, each individual in the pathway has a dedicated support plan and a support worker who connects them into specialist agencies and provides help accessed settled accommodation.

6.85 Delivering a PIE based approach is something that the local authority are aware of, but it has not been not implemented in a formal way. Nonetheless, there is currently motivation to up-skill staff in a more systematic way. This is primarily being done through 'Engage to Change' - a unique Level 3 qualification for front line homelessness workers. Accredited by the Chartered Institute of Housing, it is the only industry standard certificate for professionals working with homeless people.

6.86 Despite training within homelessness services, a wider issue relating to the ability of health / social care services in dealing with complex and multiple needs was highlighted. Many services are office based and place the onus on service users to attend interviews, open letters, and so on. It was felt, at times, there could be a culture of 'blaming' the service user for failing to undertake a task. This onus is often unrealistic for someone with a chronic addiction, where it is not a matter of offering support, but offering support in the right way, at the right time.

Accommodation and support options

6.87 There are a range of temporary and move on housing options available. Voluntary sector organisations provide over 600 bed-spaces of 'emergency' and 'non-emergency' accommodation. This includes 165 emergency access beds, and 453 beds in shared and hostel-type accommodation.

6.88 Emergency access accommodation was available in five projects, four of which were hostel style. Each has 24-hour cover and in some visiting community psychiatric nurse, GPs and in one a resident nurse providing healthcare advice. Flatted emergency access was generally provision for those where there might be a statutory obligation and therefore would generally exclude service users with complex needs. Non-emergency accommodation varied in terms of the level of support provided, with many offering a key worker system for support.

6.89 Large-scale hostel provision (over 45 units) was considered unsuitable for tackling complex needs. In such environments support workers face challenges in managing the setting and the concentration of people with incredibly complex needs. This is not criticism of staff – but the reality of working in such an environment means that what can be achieved is limited.

“Units with more than 10 rooms are simply not appropriate in terms of dealing in sustainable way with complex issues presenting”

6.90 The local authority have also commissioned 1,000 units with floating support, while the main social housing provider is providing 30 self-contained units for transitional housing for those moving on from hostel. While these additional units are welcomed, location was thought to be an issue since they were within high-rise blocks in unpopular areas. Concerns have been expressed about the sustainability of this option and the extent to which such provision will enable inclusion and connectivity.

6.91 There is also a Housing First scheme being run in the City, commissioned by the local authority. Over 40 former rough sleepers who are excluded from social housing have been supported to independence in the private rented sector through peer support provided by people who have experienced homelessness and by taking advantage of the exemption from the Shared Accommodation Rate for people who have lived in homeless hostels. Funded temporarily through the Homelessness

Transitions Fund, the aim is to provide immediate access to mainstream housing (with appropriate support) for homeless people, rather than a linear model. The approach helps promote stability, provides sustainable long-term option for those with chaotic lives – something just not possible in hostels. The approach, it is suggested, can also give people connectivity, meaning and choice. The Housing First approach offers this by building relationships through peer support. While it was felt that this was a good alternative to a linear pathway model, it does require strong partnership working with providers to ensure risk is minimised and a supply of accommodation is maintained.

Information sharing and monitoring

6.92 One of the key things underpinning the success of the city in tackling complex and multiple needs was having a clear, working definition of what multiple exclusion homelessness/complex needs actually is. For housing-related support purposes, individuals who are multiply excluded are those who:

- Have experienced 3 or more episodes of rough sleeping.
- Have a substance misuse or and/or alcohol problem.
- Have offending behaviour.
- Have had multiple admissions (3 or more) into emergency accommodation.
- Experience exclusion from mainstream and other specialist services e.g. health, drug and alcohol treatment and mental health services.
- Have limited opportunities to move on to more independent accommodation.

6.93 In terms of monitoring, the local authority conducts a regular quarterly monitoring of performance. The data used comes from the Single Housing Register (it is possible within this database to track the process of homeless people over time), statutory P1E returns and a database held by the Housing Advice Centre. The local authority also record all outreach contacts. The local authority was aware of limitations in the data collection processes, particularly in the ability for data to be cross-referenced. Aggregating homelessness data with data from health, criminal justice and other partners is still considered to be a challenge. Data on drugs and alcohol was judged particularly difficult to record

Multi-disciplinary working

6.94 The key multi-disciplinary group working with complex and multiple needs is the Case Management Group. This merged two previous groups: one which looked at the potential eviction of rough sleepers from accommodation or services, and another which case manage substance misusing offenders. These groups were fragmented but it emerged that around 80 per cent of the service users overlapped. Services were working in isolation and there was conflict in relationships. As a result of

merging, it became possible to discuss action planning to meet the broader needs of those with chronic or multiple exclusion. This allowed a single plan to be developed that ‘wrapped’ around individuals and, in turn, expedited quicker access to the necessary accommodation and support.

- 6.95 There were some limitations with multi-agency working. First, it was felt that information sharing with health colleagues could be difficult, an issue exacerbated by concerns that it was not simply that professionals were reluctant to engage, but that they viewed unqualified professions with ‘professional snobbery’. This negatively, it was felt, translated into issues of confidence and authority in decision making amongst non-qualified staff. It was emphasised that while staff in temporary accommodation may not be qualified health professionals they are the ones who often have the greatest insight into service user’s everyday lives. With that in mind, it was argued that more could be done to promote mutual respect across agencies and partners. This will help pull “all parts of the jigsaw” about an individual together.
- 6.96 Second, was “the question of authority and where it lies”. At present, the local authority ultimately takes responsibility around leadership and accountability. It arranges the various partnerships and makes the case management arrangements. In practice, the question about who is in charge and who is responsible is sensitive and a potential source of conflict. It is inherently connected to questions of information sharing and organisational cultures / ideologies.
- 6.97 Third, service specification and the commissioning process were felt to accentuate some of these issues. Some services, for example, are reporting to both the NHS and the local authority, but the reporting required is different. The local authority is therefore looking to jointly create single specifications between agencies to ensure continuity of services.

Good practice example – Outreach services

- 6.98 One of the threads running through the local authorities pioneering approach to homeless people with complex needs has been the Move Forward project and its associated outreach work. This began with a project to support chronically excluded people who do not use existing services or for whom existing services are inadequate - often because of the multiple and complex needs displayed. The overall aim was to test innovative ways to reach out to chronically excluded adults.
- 6.99 This project established an outreach team made up entirely from ex-service users. The aim was to draw on the worker’s personal experience of the service to enable stronger and more trusting relationships with rough sleepers. Once trust was established workers could then connect them into services, such as the city’s day centre, housing provision or local mental health and drug abuse services. The initial project was described as “rough and ready” but through the street based outreach a much better understanding of the scale of the problem was developed. It

also quickly became apparent that the previous response to this group, which was primary through shelters, was neither targeted nor used effectively. The result is that the local authority is no longer commissioning shelters and that there is a new coordinated response around rough sleepers reflecting service users' own needs.

6.100 The expectation now is that this client group are contacted via street outreach and can be taken to the day services for support with housing, health, and meeting basic needs (e.g. laundry, food and comfort) there is day centre provision in the East and West of the city. These are a key service for many street homeless people, those living in temporary accommodation or at risk of homelessness. They offer daytime shelter, advice, support and often provide practical services such as food, showers, clothing or laundry facilities.

6.101 There is evidence that the services available generally work well in relation to people new to the streets. The key issue now relates to the 'stock' group of individuals' within the street population who as a result of mental health problems, drug / alcohol issues, previous prison sentences or involvement in crime struggle to engage in support or sustain housing. The reason outreach works for this group is that it is:

- Driven by (successful) peer support peer type model
- Available all the time
- Contact made on a daily basis – the ethos is to be persistent with service users, with worker aim to keep pushing (within the context of risk) and prepare the service users for support when they are ready to accept it.
- Provides a clear point of contact - not as case co-ordinator – but as trusted support provider.
- Focuses on what the individual can achieve – in some case, expectations very low, but it is not about developing a support plan straightaway.

6.102 It is recognised that outreach takes a lot a time and investment. As other case studies have commented, there are a low number of service users but the investment is justified since they use a disproportionate amount of the budget. These service users also need a distinct approach outwith the 'normal' pathway for successful outcomes to be achieved.

City E

6.103 City E is a large city, with a population of just over a million. Around 55 per cent of households are owner occupiers and a quarter live within social rented housing. The private rented sector houses a further 18 per cent. The local authority still owns its own stock, but there are numerous social housing providers across the city. Of the 68, the largest housing association, has a stock of around 24,000 units. The city has one of the highest levels of homelessness in the country. In recent years the greatest

increases in the number of households presenting was amongst non-priority need groups and households who were found to be not homeless.

Strategy and approach to homeless people with complex needs

- 6.104 The homelessness service is currently within the People directorate, alongside social work. This is the consequence of a major reorganisation that took place several years ago. Positive outcomes have resulted from this change, including a better understanding and access to health services. Overall communications are improved, as is mutual understanding of homelessness and health services. However, at the same time, the impact on housing services was considered to be poor, with a feeling that the separation of homelessness from wider Council housing management functions has resulted in a loss of strategic direction and a lack of clarity in approach.
- 6.105 In terms of frontline services, the local authority's Housing Advice Centres are the main point of contact for most households who are at risk of homelessness. These are based in four locations across the City, locations chosen on the basis of rates of homelessness presentation and geographical accessibility. The service is integrated, with housing advice and access to a range of statutory and third-sector services including specialist and prevention services. An officer from the largest RSL is co-located within the Advice Centres and provides advice to single and non-priority homeless.
- 6.106 The majority of service users with complex and multiple needs access homelessness services via the Access Point, the "first point of access for homeless services and support for vulnerable adults". This provides housing advice and support, outreach for rough sleepers, help and support for sex workers, help and advice for substance misuse and support for offenders. Through this service, service users can access accommodation and support provided by the Complex Needs Service (see below).
- 6.107 The largest RSL is also commissioned to run a street outreach project to households at risk of sleeping rough. Workers help to ensure that rough sleeping is prevented through making contacts with both known and new rough sleepers. The majority of service users are found accommodation in a direct access hostel, supported housing, temporary accommodation or shared housing in the private rented sector.
- 6.108 Day centre services provide housing advice and resettlement support to households who are at risk of rough sleeping or present themselves as rough sleepers. It also provides support to households living in hostels who seek help with finding 'move on' accommodation, primarily in the private rented sector.

Accommodation and support options

- 6.109 There are a range of accommodation and support options. Three homelessness centres provide for families in crisis and do not provide access to complex and multiple needs cases. While there is a range of alternatives, this can result in complex needs cases being housed in unsuitable forms of accommodation.
- 6.110 In recent years, there has been significant capital investment in three homeless centres that should begin to address this issue. The changes to the Centres were made on the growing acknowledgement that while direct access services provide a vital resource for individuals, they do not necessarily offer long-term solutions. Two of the schemes were for young people, the third was a 157-bed hostel transformed into a mixed facility for formerly homeless people to live, train and work. The focus is upon skills and employment development and is modelled upon the Greyston Bakery, a social enterprise in New York²³. Centred around the bakery, the Greyston model offers an integrated network of programs providing jobs, workforce development, low-income housing, supportive services, childcare, after-school programs, tenant services and community gardens. It is grounded on the philosophy that jobs, training and support are the key pathway out of poverty.
- 6.111 The other key accommodation and support for complex and multiple needs groups is the Complex Needs Service. This has operated for a decade and, funded through supporting people budget, seeks to support people who have been excluded from homelessness services and who are recognised to have a multiplicity of needs. Broadly speaking the definition of complex needs used is that service users will have one or more support needs. The main needs at point of referral are alcohol addiction, drug abuse, mental health and previous criminal record. Homelessness was also a key part of their experience, with the majority also either being homeless or at immediate risk of homeless due to exclusion from services, discharge from hospital or release from prison. A large proportion (about two thirds) of the services provided are for the serially excluded groups who are not engaging with services. Most of the service users have tried and failed to sustain housing, and are also the group with the highest level of risk in housing.
- 6.112 The challenging, disruptive and risky behavior of the complex needs service has meant that mainstream services are generally unable to provide sustainable solutions. Unlike mainstream services, the Complex Needs Service operates a non-interventionist approach to work with, rather than against, individual's challenging behavior. Support is provided at a pace that fits the individual and throughout service users are involved and engaged in making decisions about their support plan. The aim is to

²³ See <http://greyston.com/> for more details.

create an 'enabling' environment in which service users feel respected, empowered and in control of their lives. As part of this staff across the service work hard to build trusting relationships and over the years have developed strong and effective joint working arrangements with relevant specialisms to ensure that interventions are coordinated. The staff were described as acting "as advocates for service users" when engaged with other agencies.

- 6.113 There are two parts to the service – accommodation and outreach. Service users generally do not come through statutory route with access generally through a single referral process (mostly outreach, probation and occasionally the homelessness hub). Following referral, the manager undertakes a risk assessment and a decision is made by a multi-disciplinary panel. The model of core accommodation varies, but all is managed and controlled 24 hours a day with at least two members of staff on site at all times. In all the services staff give new residents time to settle in and accept the support. There is also an acknowledgement that alcohol and drug issues will be ongoing and support works around this.
- 6.114 An example was given of supported accommodation which has had great success engaging with complex needs. Service users referred to the service were generally thought to have "reached the end of the line". The accommodation deliberately aims to build service user's sense of value and worth providing "aspirational" apartments, each fully furnished, with individual living area and TV, shower and bed area. Both the quality of the provision and the layout was felt to be crucial. Unlike temporary accommodation, typically providing small individual spaces and large communal areas, self-contained units resulted in less "flash points" between residents and staff allowing withdrawal when necessary.
- 6.115 As well as linking service users to specialist support services, the Complex Needs Service provides social activities. One of the most successful has been a joint project with a horticulture social enterprise which engages service users in growing and cooking their own food. This has provided huge successes, with feedback that service users enjoy being outdoors and having a purpose. Staff have felt that the project has increased service user's motivation, self-esteem and social interaction.
- 6.116 An outreach service supports service user's journey into independent accommodation, provided either through the RSL's own stock or by other local housing providers. Continuing support through the RSL was considered to offer consistency for the service user and ensure that it is delivered quickly and efficiently. To supplement the process, a case management system provides each individual with a link worker allocated to them throughout the process.
- 6.117 Overall, it was felt that without the Complex Needs Service there would be a major gap in provision. Homeless people's needs, it was suggested, are becoming increasingly complex and politically it was no longer possible to do nothing. Despite this, there were a number of key challenges, principally in relation to move-on from core accommodation.

Since the service is funded by Supporting People, it is very focused on achieving move-on, with a maximum stay time of 18 months in core accommodation. However, experience of staff has shown that for groups with the breadth and depth of needs as those being referred, the pace has to be determined by the service user:

“the pace needs to be completely directly by the client. For many move-on is too fast and it will fail ... so much so there is simply no point”.

6.118 It was highlighted that it can take service users many years before they are ready to access a service like the Complex Needs Service. It is, in other words, a very long journey and requires a massive investment from services to help them find “a way back”. At present the association works as flexibly as it can with an unwritten rule that move-on should not be forced (one service user has been resident in core accommodation for seven years). They also provide the option of satellite flats as a step before independent living.

6.119 There was agreement that the funding framework for support services was not providing the right returns in terms of the work that is actually being completed on the ground. As a result providers often find themselves having to:

“make what we do fit the framework, rather than fund what actually works”.

Information sharing and monitoring

6.120 A recent research exercise indicated that there are around 1,300 people with complex needs in City E. Frontline organisations estimated that there are about 100 at any one time experiencing four complex needs and whose needs are most entrenched. Ongoing monitoring of the needs and demands of service users with complex and multiple needs was, however, thought to be limited and a number of potential improvements were identified:

- Better and early identification of complex needs to enable a holistic and integrated response can be delivered quicker.
- Data needs to be shared across partners so service users are not required to tell their story repeated times.
- Better signposting, referral pathways and mechanisms.

Good practice example: Facebook for complex needs

6.121 One of the key issues identified in relation to data collection was that service users had to tell their story repeatedly. This was especially true for those with multiple and complex needs and who may be accessing several services. The association/RSL are currently investigating the potential use of a shared information system to essentially operate as a closed Facebook system. Details about the individual would be held on the system but importantly, owned by the service user. Service users can then choose to ‘share’ information with any organisation they access or

engage with. This would not only help information sharing – since it is the individual that is providing access – but it also empowers the user. From a providers perspective such an approach would assist since it is often the same individuals moving round the system, yet often the information available is limited and it is difficult to identify the other services individuals are engaged with. The approach has been used successfully in care systems for older people in Canada.

Future service development

- 6.122 The City is currently in the process of beginning a large interdisciplinary project for complex needs groups across the city. Initial research for the project asked partners and service users about the changes they wanted to see in the system. Many felt that the system was too complex, hard to understand and resulted in it being more difficult to access than it needed to be. It was felt that services could not only be better signposted but that services could do a better job coming to them through outreach and street work. It was also felt that street work could be streamlined and integrated across providers.
- 6.123 Service users often felt that they had to tell the same difficult stories repeatedly, highlighting the need for better information sharing amongst agencies. While these comments lent themselves towards the need for local centres or hubs, it was also emphasised that these should not be places that are stigmatised or intimidating to use. Finally, it was felt that more could be done to support service users journey through services so that support does not “unravel” at key transition points.
- 6.124 With these comments in mind, the City is about to undertake a major project to transform the approach to complex needs groups. This project is at very early stages but is likely to work with 150 service users across the project lifespan. This will involve:
- Lead worker and paid mentors who will formulate each service user’s care plan and co-ordinating, reviewing and overseeing a multi-agency care and support package.
 - Volunteering and peer mentors to be involved in all aspects of the project
 - Development of information-sharing and common approaches to enable a single point of entry.
 - Development of a shared Common Assessment Tool for diagnosis, service needs assessment and evaluation of outcomes.
 - Outreach, In-reach & Signposting to ensure non service-users and those at risk of disengaging from services are also engaged. This will entail taking services to where people with complex needs are to ensure service users are reached earlier and at the transition points that frequently trigger crises.

- Providing wider role activities including developing positive peer network and relationships; positive leisure opportunities; volunteering, training, employment opportunities.

6.125 This will be supported by a virtual hub to support the project with information and data.

Lessons for Glasgow

6.126 A number of lessons can be drawn from the comparative work that are relevant to Glasgow's homelessness crisis response system.

6.127 Many of the challenges described related to cultural and organisational boundaries, continued silos between departments and the lack of responsibility or ownership in complex needs cases. Achieving transformational change depended upon **strategic level, senior-level and political leadership**. Commitment at this level can drive forward the idea that staff are working to solve a common problem and to ensure multiple exclusion homelessness is prioritised within reducing resources.

6.128 The **commissioning of services limited the ability of organisations to effectively tackle complex needs**. Separate commissioning procedures in different departments, and for different client groups meant that services were unable to deliver a truly integrated service. Competition within the commissioning process also prevented collaborative working and the sharing of 'what works'. Complex and multiple needs require joined up thinking and one of the key way of achieving this is through a joined up, or even joint, commissioning process.

6.129 Very few of the local authorities had developed a **clear working definition of the service users engaging with crisis homelessness services**. Interestingly, with the exception of one, those interviewed generally associated crisis homelessness and multiple and complex needs with the needs of men. There was also very limited reference made to the potentially very different needs of different ethnic groups. It was unclear whether this was evidence based, or formed through assumptions about a 'typical' service user with complex and multiple needs. A working definition is the starting point from which effective inter agency working can begin since it can establish a mutual understanding from all perspectives as to what the problem is. A common definition is also the basis for establishing systems for recording, analysing and estimating needs and demands. This, in turn, can help inform and direct future commissioning of services.

6.130 All local authorities highlighted the **importance of partnership and multi-agency meetings**. Experiences indicated the significance of having groups at different levels with clearly defined purposes. City B, for instance, had groups for commissioners and providers at senior level as well as multi-agency groups dealing with day-to-day issues such as assessment, referrals and case management. Central to the success of this approach was that groups were connected both horizontally (i.e. it

was a space for senior staff to connect) and vertically (i.e. front line staff has ability to influence strategic level and vice versa).

- 6.131 The importance of case management was a further aspect of partnership working which, when used effectively, can prevent repeat presentations and **keep hold of service users**. While many authorities adopted a case management approach, it was most successful when used proactively: it should commence early, have a commitment from all partners to attend and be continued throughout the case, not just in response to crisis situations.
- 6.132 Connected to the case management approach, was the changing ethos that underpinned the most successful projects. These were **deliberately attempting to shift the conventional view of multiply excluded homeless people as an undeserving group**. Projects adopting this approach emphasised the benefits of a non-interventionist approach, which recognised the value and worth of each individual. Rather than 'working on' individuals, services were seeking to create an 'enabling environment' in which service users feel respected, valued and in control of decisions relating to them. Connected to this was the use of activities such as gardening and peer mentoring as a means of addressing the social exclusion and low self-esteem experienced by those experiencing multiple exclusion homelessness.
- 6.133 The case studies have shown the importance of providing **a range of different housing and support options**. Many of the local authorities were operating, or were moving towards, **a pathway model**. Beginning with a fast and effective initial assessment, service users are then directed into a pathway best suited to their needs in which they move from hostels/supported accommodation and ultimately into independent living. While there was support for this model as providing clarity, accountability and structure, a pathway implies a linearity and end point that can be unrealistic in the context of multiple and complex needs. A manager in City D summed this up when she stated that it can take service users many years to even access specialist services. Asking them to move on within a set time, often under two years, is simply not possible. What was clear is that no single approach is appropriate, but that an effective system requires a range of accommodation and support options which suit the needs of each individual.
- 6.134 Housing First, a model some felt was too risky for use with multiple and complex needs, had been used with great success in City B. However, perhaps the most successful element of this project was in its attention to **long term, flexible support**. Indeed, key to the new initiatives being developed was an approach designed to match the needs of *individual* service users, not the needs of organisations. This should involve support options within settled accommodation to enable sustainability with varying intensity (changes up and down in intensity as needs change), for varying periods of time – sometimes much longer than the traditional 6 to 12 months.

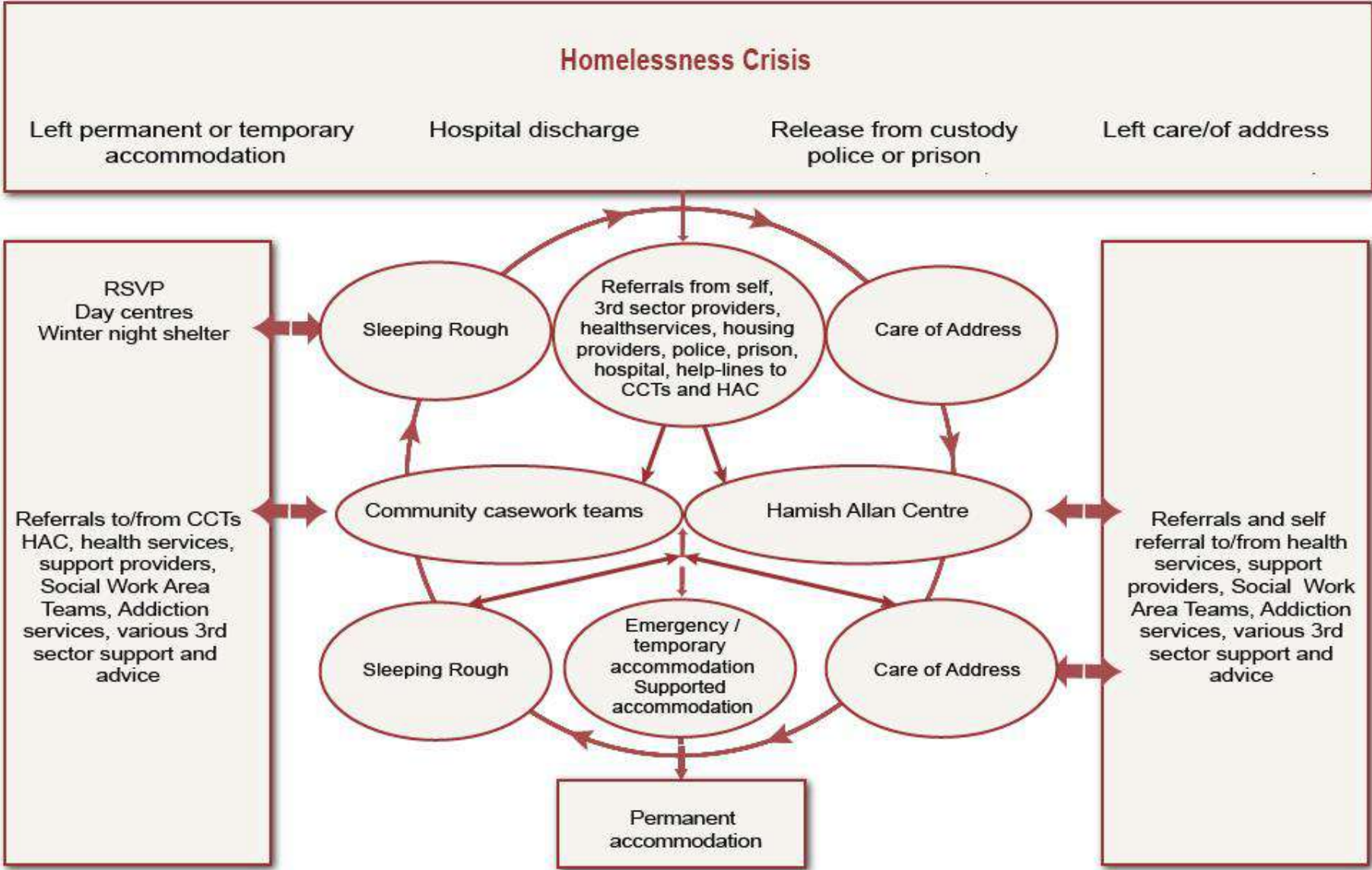
- 6.135 Underpinning this was the importance of **specialist, highly skilled staff, using a PIE approach or acknowledging the merits of this approach.** Local authorities highlighted the benefits of projects with a PIE approach, where the focus was on improving service users' experience of services, making them feel valued and empowering them to make long lasting changes in their lives. Many local authorities had invested with Health Boards in more **specialist mental health services integrated** and co-located within homelessness and housing services.
- 6.136 **Peer support and mentoring** supplemented skilled staff, by providing first-hand experience of homelessness and a bridge out of social exclusion. Together these elements can aid in the **stickability** of interventions and ultimately a more sustainable route out of homelessness.
- 6.137 All of the local authorities experienced similar pressures in terms of supply of temporary and permanent accommodation, and all used the private rented sector extensively to increase supply. There was considerable emphasis on dedicated **move-on or move-through teams** who played a central role in procuring a good supply of private rented accommodation, and preventing "silting up" of temporary accommodation.
- 6.138 It is clear that local authorities nationally are dealing with homelessness within the same wider context: **reducing supply, growing reliance on the private rented sector, cuts in funding and pressure from welfare reform measures.** With this in mind, collaborative working or the establishment of networks across local authority boundaries could prompt innovative thinking.

7 Conclusions and Recommendations

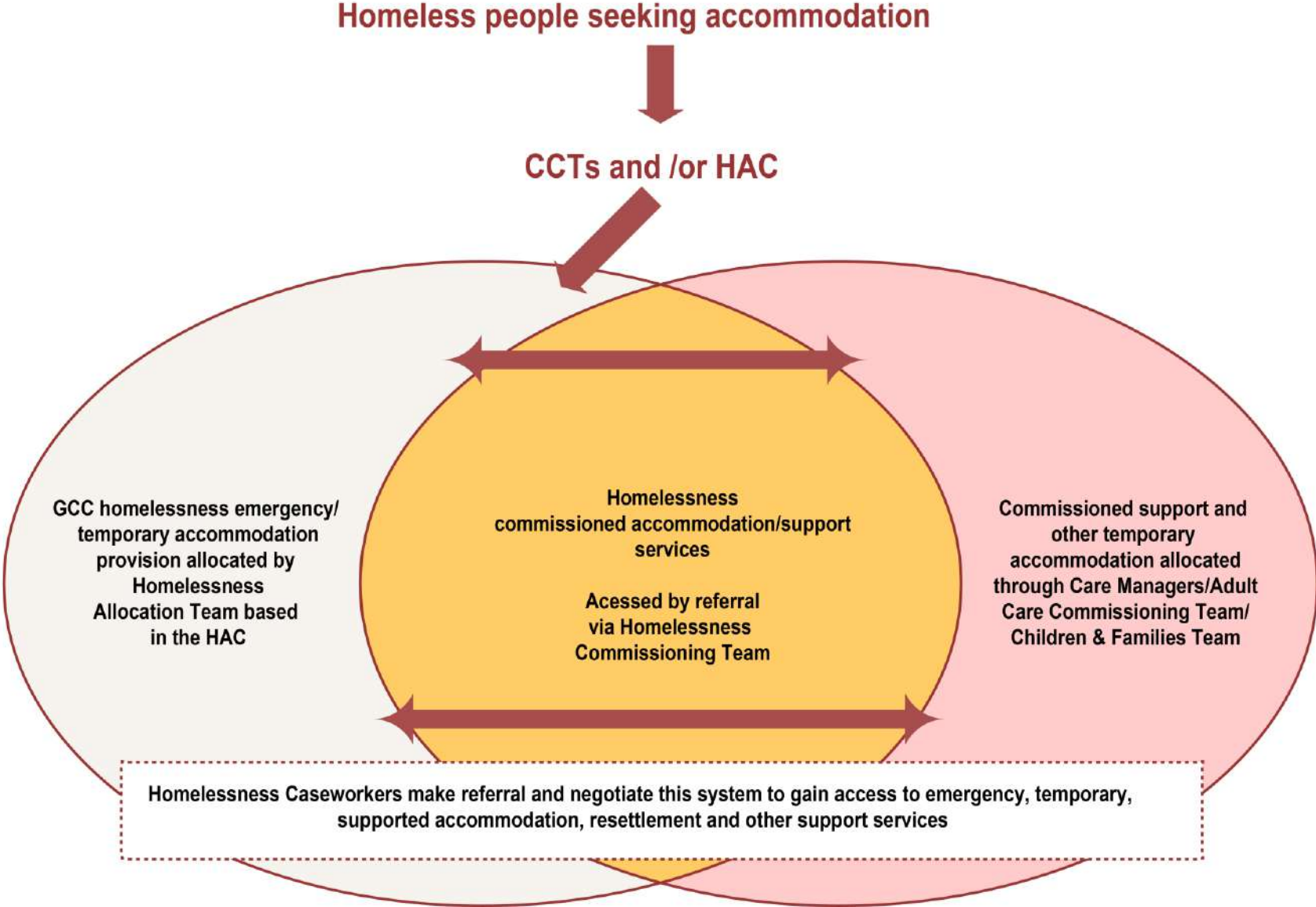
Glasgow's current homelessness system for people with complex needs

- 7.1 The GHN brief required the research to set out a concise representation of Glasgow's current service response, and to provide recommendations to support a transition from the current system to an optimal system.
- 7.2 In completing this work, it is recognised that Glasgow City Council is leading a significant amount of work through the SHR Improvement Plan, and through the Homelessness Strategic Service Review. The aim of these conclusions and recommendations is therefore not to duplicate any of that work, but to add value to those processes, particularly through the evidence provided by the comparative review of five other UK cities.
- 7.3 The diagram below and accompanying tables summarise Glasgow's current homelessness system for people with complex needs, synthesising the evidence from the research provided above.
- 7.4 Analysis of the 'system' shows that a statutory homelessness route dictates it, with additional specialist health services supporting people living in temporary accommodation and sleeping rough. Otherwise, there is no specific system designed for homeless people with complex needs, unlike the Housing Options route that is designed more around prevention of homelessness, and arguably more for those who will readily engage.
- 7.5 Following the section on the current system, there are recommendations on an optimal system, in the same tabular format, with a summary diagram. The optimal system is proposed through a set of key principles, and further details of what a new system may comprise.

Current system in Glasgow for homeless people with complex needs



**Routes to accommodation
(current)**



Element of the current system	Summary of the elements, with identified strengths, weakness and gaps in service delivery
<p>1. Initial engagement and referrals for homeless people with complex needs in crisis</p>	<ul style="list-style-type: none"> ▪ Rough Sleepers and Vulnerable People (RSVP) – street outreach, freephone and HUB ▪ Charitable and third sector day-centres provide advice and information, food, washing facilities and social activities. ▪ Govan Law Centre outreach information and advice services in Casework Teams (CCTs), Leverndale Hospital, HUB and Day Centres. ▪ Hunter Street Homeless Service referrals from RSVP and emergency/temporary accommodation. ▪ Trauma and Homelessness Service referrals from primary health care. ▪ Barlinnie Prison Casework Team referrals to Community Casework Teams (CCTs) or Hamish Allan Centre (HAC). ▪ Hospital discharge – Referrals to CCTs or HAC. <p><i>Strengths, weaknesses and gaps</i></p> <ul style="list-style-type: none"> ▪ There are a number of separate elements which evidence good practice – RSVP, Hunter Street, the Trauma and Homelessness Service, and the separate charitable day centres. ▪ While there are a number of separate elements, there is no clearly defined system or route/pathway out of homelessness i.e. All the elements of the system above do their own ‘bit’, but there is no evidence of a coordinated system which everyone involved is committed to for people being found, identified, recorded, are held onto, are supported, housed and have move-on options through a route out of homelessness. ▪ There is no evidence of <u>strategic and systematic</u> co-ordination and oversight from Glasgow City Council for people with complex needs, either to prevent homelessness, or to manage each individual from the start to the end of their homelessness experience. ▪ Statutory homelessness services are reactive to people with complex needs, unlike the more systematic preventative approach that is in place for Housing Options, for those who are more likely to engage with services.

Element of the current system	Summary of the elements, with identified strengths, weakness and gaps in service delivery
2. Crisis response (out of hours)	<ul style="list-style-type: none"> ▪ HAC out of hours homelessness services and freephone advice ▪ RSVP street service ▪ RSVP 24 hour freephone service ▪ NHS 24 ▪ Glasgow Drug Crisis Centre ▪ Link Up ▪ Social Work standby services ▪ Winter night shelter <p><i>Strengths, weaknesses and gaps</i></p> <ul style="list-style-type: none"> ▪ Poor quality environment and experience at HAC ▪ Continual cross referral from CCTs to HAC. People commonly being turned away for accommodation results in many people disengaging from statutory services altogether. ▪ This research suggests possible gaps in crisis and residential addiction services, and poor response times for mental health crises out of hours. ▪ As above, no sense of oversight or systematic coordination of services from GCC to track service users and to respond/ manage proactively.

Element of current system	Summary of the elements, with identified strengths, weakness and gaps in service delivery
3. Assessment	<ul style="list-style-type: none"> <li data-bbox="562 240 1675 272">▪ Community Case Work Teams and HAC (out of hours), including Barlinnie Prison <p data-bbox="562 292 999 323"><i>Strengths, weaknesses and gaps</i></p> <ul style="list-style-type: none"> <li data-bbox="562 331 1982 395">▪ Long waiting times, and referrals to/from CCTs to HAC results in disengagement – CCTs are not seen as relevant to many service users as City Centre is their preferred place to engage with services. <li data-bbox="562 411 1697 443">▪ Lack of accommodation means some service users do not engage for assessment. <li data-bbox="562 459 1982 523">▪ Reactive approach to service users, and sense of deserving and undeserving; people with complex needs most often seen as the undeserving and lowest priority. <li data-bbox="562 539 1982 603">▪ Questions over skills in staff to assess needs of homeless people with complex needs, particularly in relation to psychological awareness /mental health awareness. <li data-bbox="562 619 1982 683">▪ Risks of people leaving custody not engaging due to negative previous experiences and known lack of accommodation. <li data-bbox="562 699 1982 802">▪ Risk of people leaving psychiatric hospital falling between the net between homelessness and other Social Work Services, due to ineligibility for mental health social care support/ accommodation for those that do not have severe and enduring mental ill-health, but who are still vulnerable and homeless. <li data-bbox="562 818 1982 914">▪ Lack of ‘case-working’ of service users (or being ‘held-onto’ by caseworkers). Experiences of services users having up to 9 different case workers, and lack of named key person to take responsibility of individuals and support homeless person through the system and out of homelessness. <li data-bbox="562 930 1982 994">▪ Lack of consistency of decisions for people with complex needs (suggested more than other client groups). <li data-bbox="562 1010 1850 1042">▪ Barriers to information sharing between Homelessness, SWS, Health and third sector partners. <li data-bbox="562 1058 1982 1121">▪ Complex needs group is perceived useful for clients that are managed through this process, but the group is seen as ‘ad-hoc’ and its terms and access are not widely understood. <li data-bbox="562 1137 1982 1201">▪ No coordinated approach for this homeless people with complex needs compared to other homelessness system in Glasgow e.g. Housing Options.

Element of the current system	Summary of the elements, with identified strengths, weakness and gaps in service delivery
<p>4. Emergency, temporary accommodation and supported accommodation and support</p>	<ul style="list-style-type: none"> ▪ Emergency, temporary and supported accommodation – some is allocated by HAC, supported and resettlement accommodation is allocated by Commissioned Services through Care Management system. <p><i>Strengths, Weakness and gaps</i></p> <ul style="list-style-type: none"> ▪ The quality of the accommodation provided is a strength ▪ Lack of access to emergency, temporary and supported accommodation with homeless people regularly being turned away. ▪ Reducing turnover, and longer length of stay due to lack of move-on options. ▪ No direct access accommodation options (other than private hotels of very poor quality). ▪ Lack of transparency on the allocation criteria for emergency and temporary homelessness accommodation, and complexity involved with access to commissioned supported and resettlement accommodation around the Care Management system. ▪ Lack of oversight, strategic information and management of <u>all</u> the stock of emergency, temporary and commissioned supported accommodation. It is currently silo'd between homelessness property services and commissioned services, and there is a bureaucratic system for caseworkers to access commissioned accommodation. ▪ There is a limited number of emergency / temporary accommodation options for people with complex needs – some more, and high tolerance options are required – both for temporary and settled accommodation. ▪ No strategic management / co-ordination of move-on, with exception of the section 5 team. ▪ Very low level use of private rented sector for temporary accommodation. ▪ Lack of flexibility and person centred approach to housing support. ▪ Overall sense of inertia – no-one is moving anywhere fast out of emergency / temporary accommodation.

Element of the current system	Summary of the elements, with identified strengths, weakness and gaps in service delivery
5. Settled accommodation	<ul style="list-style-type: none"> ▪ Settled accommodation is accessed through RSLs <p><i>Strengths, Weakness and gaps</i></p> <ul style="list-style-type: none"> ▪ General consensus of a mismatch of type and size of social rented accommodation – but the actual demand/supply balance to be confirmed by the current Housing Needs and Demand Assessment. ▪ Very low level use of private rented sector as a move-on option, and general resistance to use of this sector from a range of stakeholders. ▪ Impasse between GCC and RSLs on access to settled accommodation – volume and procedures including Section 5 referrals. ▪ Homefinder choice base letting system unpopular with homeless accommodation and support providers, and with homeless service users interviewed for this research. ▪ There is a limited number of emergency / temporary accommodation for people with complex needs – some more choices and high tolerance options are required for both temporary and settled accommodation. ▪ No strategic management / co-ordination of move-on, with exception of the section 5 team. ▪ Very low level use of private rented sector for settled accommodation. ▪ A need for strategic review of section 5 processes from both the Council’s and RSLs’ perspectives.

Element of the current system	Summary of the elements, with identified strengths, weakness and gaps in service delivery
6. Joint / Partnership working	<ul style="list-style-type: none"> ▪ The restructure of CCTs and SWS is in progress which will integrate working practices and culture across homelessness and social work service across the three local area offices. Integration of health and social care is ongoing through the work of the Community Health Partnership. <p><i>Strengths, Weakness and gaps</i></p> <ul style="list-style-type: none"> ▪ The integration of practices across SWS will help support staff, change cultures and increase awareness across different client needs groups. ▪ Relationships between GCC and the housing sector has developed through the Homelessness Duty protocol, but nevertheless there has been a reduction in lets for homeless people over the last four years. There appears to be an impasse between GCC and the RSLs in Glasgow on how the housing sector in Glasgow can best contribute to the supply of settled accommodation in the City for homeless people. ▪ There is much greater scope for use of the third and charitable sector to engage with and support homeless people through their route out of homelessness. ▪ Overall, there is no <i>systematic</i> coordination of services, oversight and governance for homeless people with complex needs.
7. Overall conclusion	<ul style="list-style-type: none"> ▪ There is no 'system' and no defined pathway for those with complex needs in Glasgow. This includes agreement on a definition of complex needs and homelessness, a definition of what the system / pathway is including engagement and assessment processes, clear route / access to accommodation and support, eligibility and boundaries to service provision, partners roles and responsibility, and corresponding commissioning strategy.

Optimal homelessness system for people with complex needs

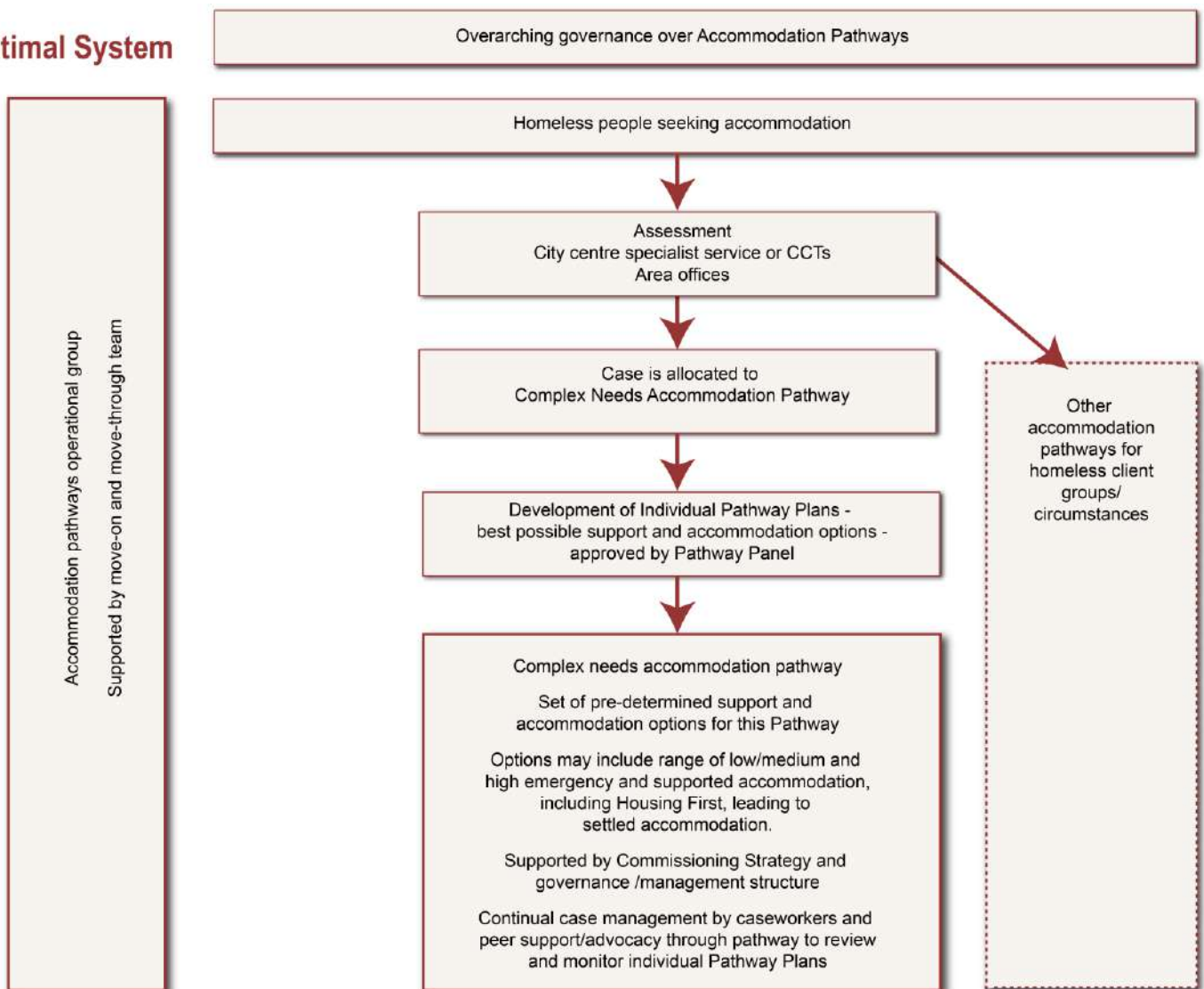
- 7.6 It is proposed that all of the elements proposed for an Optimal Homelessness System for those with complex needs should be underpinned by the development of a Complex Needs Accommodation Pathway. Should the Council and its partners wish to take this approach, it may also wish to define other pathways through which to structure interventions, working alongside the Housing Options processes. This will provide a clear and structured approach, agreed with all partners on what the pathway is, and what the roles and responsibilities are by different service providers - including prevention, engagement and outreach, assessment processes, accommodation and support. The pathway should define what Complex Needs Homelessness is, set out boundaries to service provision, define policies and procedures and will have to be accompanied by a corresponding commissioning strategy. Systematic change of this nature requires much time to be spent on detailed definitions, processes and procedures, governance and management structures. The following therefore proposes general principles and what the optimal system may include: it does not however, define the detail of a Complex Needs Accommodation Pathway for Glasgow.
- 7.7 It is emphasised that a 'Pathway' is **not a linear approach** to meeting housing and support needs. Good practice discussed in this study shows that the benefits of a pathway approach is that it provides clarity to clients and partners on what the **range of options are for certain client groups**, and is supported by a relevant commissioning strategy. By having a range of organised support and accommodated options targeted for specific client groups, it should cut out internal and external bureaucracy, and the need for caseworkers to negotiate through departmental barriers to access the right solutions for any given individual. Each person's accommodation and support solution should be agreed through an individual pathway plan, according to their specific needs.

The key new principles of an optimal system should include:

- Definition of a range of options available in a pathway for complex needs homelessness, with an Individual Pathway plan developed for each individual.
- Ensuring prevention is optimised through a Housing Options approach and processes for young people, which may also have a Pathway (amongst other homeless client groups).
- Build on the current outreach services through greater coordination between existing services, recording and tracking of clients.
- Develop outreach services and ongoing support through a peer advocacy/support service. Peers would stick with clients through their homelessness journey.
- Commission the third sector to provide a specialist centrally located complex needs homelessness service, with devolved responsibility for Housing Options, homelessness assessment and the development of individual Pathway Plans.
- Options for direct access to emergency accommodation.
- Adopt a PIE (Psychologically Informed Environment) approach for commissioned services and Council homelessness services.
- Increase the availability of clinical mental health services integrated and co-located with housing and homelessness services.

- The Pathway should include a range of specific support and housing options based on the assessed need. Housing support should be flexible to meet the needs of the individual.
- Fundamental to the success of the Pathway is the review of supply of temporary and settled accommodation. This may result in the restructuring of the current supply of temporary accommodation.
- Specific governance, commissioning and management structures should be put in place to oversee implementation of the new system. This could be managed under the existing Housing Options governance structure.

Optimal System



OPTIMAL system	Description of the elements
1.Prevention and initial engagement and referrals for homeless people in crisis	<ul style="list-style-type: none"> ▪ Provide specialist housing options service and homelessness prevention strategy for young people at risk of crisis homelessness, many of whom may have experience traumatic childhoods, abuse and neglect. ▪ Building on the current Housing Options approach in Glasgow, review processes to ensure the assessment tools, joint working within and outwith the Council, and wrap around services for young people at risk of homelessness are sufficiently robust to contribute to the reduction of future levels of multiple and complex needs. ▪ Build on the current RSVP outreach service through a coordinated approach with the police, street cleansing services, and RSLs' community wardens to optimise and increase coverage. Consider whether this outreach service can be developed through peer support service. ▪ Building on the current outreach services provided by the charitable day centres and the specialist homelessness health services and advice services, the Council and partners should consider provision of centrally co-ordinated specialist service for crisis homelessness and complex needs. This could be located in the City Centre and possibly replace the current HAC. It could be designed around specialist assessment and Housing Options approach for complex needs, taking on board a PIE approach; it could be co-located with healthcare including mental health services, and include day services (food and cleaning), and peer support. The service could be provided by the third sector to optimise engagement. Arrangements could be developed to devolve/ contract out housing options and homelessness assessments with a verification process held by the Council. The service would be responsible for development individual Pathway Plans with approval through a Complex Needs Accommodation Pathway Panel.
2. Crisis response (out of hours)	<ul style="list-style-type: none"> ▪ As above, build on the current RSVP service through a coordinated approach with the police, street cleansing services, and RSLs' community wardens to optimise and increase coverage. ▪ Review the HAC out of hours service, alongside the day service described above. ▪ Review evidence on gaps in crisis and residential addiction services ▪ Work with GGCNHS to explore and improve response times for mental health crises out of hours. ▪ A Complex Needs Accommodation Pathway should include options for direct access to emergency accommodation. ▪ GCC to develop a system to record and track service users presenting out of hours, with referral to crisis / complex needs peer advocacy and support who will hold onto client in the journey through homelessness.

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3. Assessment	<ul style="list-style-type: none"> <li data-bbox="562 316 2042 379">▪ The need for cross referrals from CCTs and HAC will be reduced through the creation of a specialist day service in the city centre. <li data-bbox="562 395 2042 561">▪ Staff based in the local offices will still undertake assessments for people experiencing homelessness crisis / complex needs, but there should be specialism for complex needs assessments. Responses will be structured through the Complex Needs Accommodation Pathway linking to a range of different support and housing options, based on assessed need. This will also link clients to peer advocacy/ support so that clients have someone that stick with them through the Pathway. <li data-bbox="562 577 2042 679">▪ There is scope to better harness the skills and knowledge of the third sector. Housing Options, homelessness and Pathway assessment could be further devolved to the third sector (as outlined for the new specialist day centre), assuming specialist skills, training and verification processes are in place. <li data-bbox="562 695 2042 826">▪ Building on the integration of CCT staff into SWS, staff development should include further training on the needs of people with complex needs, and the PIE approach – even if it is not adopted in full, staff working in homelessness in the Council and commissioned services should have awareness of the PIE approach and associated good practice. <li data-bbox="562 842 2042 906">▪ In addition to staff training and awareness of the PIE approach, there is scope to increase the amount of clinical mental health services that are integrated within homelessness and housing services across the City. <li data-bbox="562 922 2042 1024">▪ The Pathway should provide a clear route and guarantee to settled accommodation. This type of accommodation will be defined according to assessed needs and criteria set out in the Pathway, but will include options for a staged approach or move to straight to a Housing First settled tenancy. <li data-bbox="562 1040 2042 1104">▪ A move to a Pathway approach will be optimised by adoption of common IT systems between Homelessness Services, SWS, and Health. <li data-bbox="562 1120 2042 1184">▪ Case conferencing should be an integral element of the Pathway (see governance and partnership working below).

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<p>4. Emergency, temporary accommodation and supported accommodation and housing support</p>	<ul style="list-style-type: none"> ▪ A strategic review is required of all the homelessness accommodation - emergency, temporary and relevant aspects of commissioned supply used for homeless people. This should consider the total demand/supply balance, and the relative balance between household/accommodation size for the short and medium term (10 years), and it should relate to the creation of a Complex Needs Accommodation Pathway, and any other accommodation pathways the Council decides to develop for homeless people seeking accommodation. ▪ Depending on the findings of the accommodation review, GCC may need to consider a restructure of the supply, reflecting the current and projected supply/demand balance, the impact of change on funding for temporary accommodation due to Welfare Reform, and the potential requirement for a different set of accommodation options / choices, in line with a Complex Needs Accommodation Pathway (and potentially other Pathways for other homeless client groups). ▪ There should be strategic governance and management put in place for <u>all</u> the stock of emergency, temporary and relevant commissioned supported accommodation which is relevant to a Complex Needs Accommodation Pathway and all other Pathways/accommodation routes for homeless client groups. This is so that there is oversight of all the accommodation resources available for homeless people. ▪ A move-on / move-through team should be created to work closely with the manager responsible for oversight of homelessness accommodation, and to facilitate move on through different types of accommodation and onto settled accommodation. ▪ An important part role for this team should be procurement of private rented sector housing for temporary and settled housing. GCC should lead a cultural shift in attitude to the use of the private rented sector for meeting the needs of homeless people. ▪ The approach to housing support should be reviewed to ensure it is flexible and person-centered. This should be linked to the peer advocacy / support role, combined with more specialist support as required. Type and timescales of support should be flexible to meet the needs of the individual and ensure long-term tenancy sustainment.

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5. Settled accommodation	<ul style="list-style-type: none"> <li data-bbox="562 384 1901 517">▪ Combined with the findings from the temporary accommodation review (discussed above), findings of the current Housing Needs and Demand Assessment will give GCC and housing providers more intelligence on settled housing requirements. This housing requirement could be met through a combination of RSL lets, and supply through the private rented sector. <li data-bbox="562 533 1901 665">▪ A strategic review of the Section 5 procedures should be undertaken to ensure the most efficient and effective approach to procuring RSL lets for homeless people. This should include consideration of a coordinated approach to the provision of RSL lets by area, rather than GCC approaching individual RSLs for each and every Section 5 referral. <li data-bbox="562 681 1901 750">▪ There should be a review of the Homefinder choice base letting system procedures in relation to homeless applicants, and in particular for those with complex needs. <li data-bbox="562 766 1901 863">▪ As noted above - a move-on / move-through team should be created to work closely with the manager responsible for oversight of homelessness accommodation, and to facilitate move-ons through different types of accommodation and onto settled accommodation. <li data-bbox="562 879 1901 978">▪ An important part role for this team should be procurement of private rented sector housing for settled accommodation. GCC should lead a shift in approach in the use of the private rented sector for meeting the needs of homeless people.

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<p>6. Governance / Commissioning and Partnership working</p>	<ul style="list-style-type: none"> ▪ Systematic coordination of services, oversight and governance for homeless people with complex could be governed as follows, and could be integrated with the current Housing Options governance structures: <ul style="list-style-type: none"> ○ Definition of a Complex Needs Accommodation (and potentially other) Pathway (s) ○ Strategic Group of senior manager/Directors of services within and from partners to define the parameters and objectives of the Pathway, agreeing definitions and to monitor outcomes ○ Operational group to manage implementation – developing definitions, agreeing policies and procedures and sharing/addressing procedural issues, data capture, monitoring implementation. ○ Pathway assessment procedure and referral panel – multi-agency approach to find the best possible options for a service user to enter or move within the pathway. Case conferencing could also be used when needs are not being met and the group would need to find a different solution ○ Commissioning Group – oversees the planning and delivery of the Pathway Services. Without this joint commissioning approach, true coordination of services along the Pathway will not happen. ▪ As discussed above there is much greater scope for use of the third and charitable sector to engage with and support homeless people through their route out of homelessness. This could be achieved at all stages of the Pathway (as identified above), and through the development and governance of the Pathway approach.